

205000095744

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

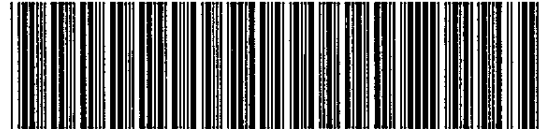
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000059768240

09/21/05 01022--015 **125.00

05 SEP 21 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers SEP 29 2005

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SANDCastle Developers LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JAMES DeFRANCO
(Name of Person)

SANDCastle Developers LLC
(Firm/Company)

304 BUCHANAN AV #4
(Address)

CAPE CANAVERAL FL 32920
(City/State and Zip Code)

For further information concerning this matter, please call:

JIM DeFRANCO at (321) 591-5497
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

05 SEP 21 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

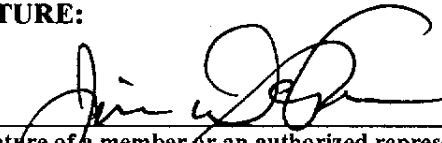
MGR	JAMES DeFRANCO
	304 BUCHANAN AVE #4
	CAPE CANAVERAL FL 32920
MGRM	SAL DeFRANCO
	966 FLOYD TER
	UNION NJ 07083

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

05 SEP 21 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REQUIRED SIGNATURE:



 Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

JAMES DeFRANCO

 Typed or printed name of signee

Filing Fees:

- ← \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)