## L05000104946

(Requestor's Name)					
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PICK-UP WAIT MAIL					
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DIVISION OF CORPERATIONS

## **COVER LETTER**

	egistration Se vision of Co				
SUBJECT	. <u>Sand</u>	naus Electronics LL			·
		(Name of Limite	d Liability C	ompany)	
The enclose	ed Articles o	f Organization and fee(s) are s	ubmitted for	filing.	
Please retur	rn all corresp	ondence concerning this matte	er to the follo	owing:	
Br	ian Rog	gers			
		(1	Name of Pers	on)	
Sa	ındhaus	s Electronics LLC			
		(	(Firm/Compar	ny)	
<u>14</u>	20 Ha	les Hollow Dr.			
			(Address)		
<u>D</u> ı	unedin	, FL 34698			
		(City	/State and Zip	o Code)	
For further	information	concerning this matter, please	call:		
Brian Rogers			at ( 727	458-68 a Code & Daytime 1	375
	(Name	of Person)	(Are	a Code & Daytime T	felephone Number)
Enclosed is	s a check fo	or the following amount:			
\$125.00	Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified	00 Filing Fee & Copy 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	Reg Div Clif 266	eet/Courier Addre pistration Section ision of Corporation from Building I Executive Cente lahassee, FL 32301	ons r Circle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	· · —··			
Sandhaus Electronics LLC  (Must end with the words "Limited Liability Company, "Limited ARTICLE II - Address:  The mailing address and street address of the price of the pric	d Company" or their abbreviation "LLC," or "L.C.,") incipal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
1420 Hales Hollow Dr. Dunedin, FL 34698	1420 Hales Hollow Dr.  Dunedin, FL 34698			
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	ered Agent. You must designate an individual or another			
The name and the Florida street address of the re	egistered agent are:  05 OCT 24			
Brian Rogers	7 - FE			
Name				
1420 Hales Hollow Dr. Florida street add	PM 12: 04  PM 12: 04			
Dunedin, FL 34698	FL FL			
City, State, and Zip				
	accept service of process for the above stated limited his certificate, I hereby accept the appointment as			

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

## ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member MGRM Brian Rogers 1420 Hales Hollow Dr. Dunedin, FL 34698 (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.) **REQUIRED SIGNATURE:**

**Brian Rogers** 

Typed or printed name of signee

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

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)