

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 205-0383

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
Account Number : 075350000353  
Phone : (212) 431-5000  
Fax Number : (212) 431-1441

LIMITED LIABILITY COMPANY

SANDAVAL LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

DIVISION OF CORPORATION

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

SANDAVAL LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**228 GRANDE POINTE DRIVE  
PALM BEACH GARDENS, FL 33418**Mailing Address:**SAME AS PRINCIPAL OFFICE**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

HARVEY SORKIN

Name

228 GRANDE POINTE DRIVEFlorida street address (P.O. Box **NOT** acceptable)PALM BEACH GARDENS FL 33418

City, State, and Zip

*Having been named as registered agent and accepting service of process for the above stated limited liability company as the person 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 689, F.S.*

X

Registered Agent's Signature (Signature)(CONTINUED)  
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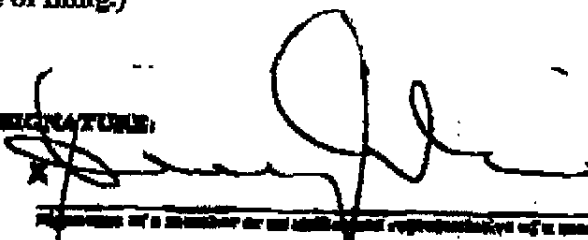
**ARTICLE IV- Manager(s) or Managing Member(s):**

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

**Title:****"MGR" = Manager****"MGRM" = Managing Member****Name and Address:****MGRM****HARVEY SORKIN****228 GRANDE POINTE DRIVE****PALM BECH GARDENS, FL 33418**

(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.)

**EXECUTED SIGNATURE:**  
(In accordance with section 602.003(1), Florida Statute, the execution of this document constitutes an irrevocable and exclusive authorization of the undersigned to execute this document and to file this document with the State of Florida.)**HARVEY SORKIN**

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)**

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TALLAHASSEE, FLORIDA

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