

LOG 000003590

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

CF-130

PICK-UP WAIT MAIL

(Business Entity Name)

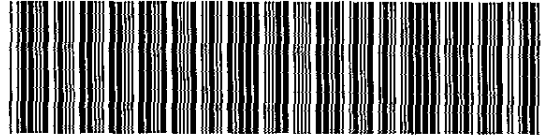
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01/12/06--01002--002 **130.00
01/10/06--01002--024 **100.00

25.00

FILED

2006 JAN 11 PM 1:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
06 JAN -9 PM 4:18
REGISTRATION DIVISION
TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

2006 JAN 11 PH 1:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

Sandygate LLC

- Art of Inc. File _____
- LTD Partnership File _____
- Foreign Corp. File _____
- L.C. File _____
- Fictitious Name File _____
- Trade/Service Mark _____
- Merger File _____
- Art. of Amend. File _____
- RA Resignation _____
- Dissolution / Withdrawal _____
- Annual Report / Reinstatement _____
- Cert. Copy _____
- Photo Copy _____
- Certificate of Good Standing _____
- Certificate of Status _____
- Certificate of Fictitious Name _____
- Corp Record Search _____
- Officer Search _____
- Fictitious Search _____
- Fictitious Owner Search _____
- Vehicle Search _____
- Driving Record _____
- UCC 1 or 3 File _____
- UCC 11 Search _____
- UCC 11 Retrieval _____
- Courier _____

Signature _____

Requested by:

SP 1/9/06 3:00
Name Date Time

Walk-In _____ Will Pick Up _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

FILED
2006 JAN 11 PM 1:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

January 10, 2006

CAPITAL CONNECTION

TALLAHASSEE, FL

SUBJECT: ~~SANDYGATE LLC~~
Ref. Number: L02000003047

*Please Apply funds
to this filing.
Thanks*

We have received your document for SANDYGATE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

PLEASE NOTE that we have RETAINED your \$25.00 payment.

We don't show THOMAS K.H. TYRRELL as a manager on this one. We show "WELLINGTON SHIELD TRUSTEES". Is this to be removed? Will WELLMAN LIMITED COMPANY be the sole manager?? Please clarify.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr
Document Specialist

Letter Number: 606A00001723

RECEIVED
05 JAN 11 AM 9:16
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
2006 JAN 11 PM 1:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Q Citrus LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

2649 North Forest Ridge Blvd (same)
Hernando FL 34442

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Capital Connection, Inc.
Name
417 E. Virginia St.
Florida street address (P.O. Box NOT acceptable)
Tallahassee 32301
City, State, and Zip

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.


Weimar Lopez for Capital Connection, Inc.
Registered Agent's Signature

(CONTINUED)

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

Edward W. Hurt
PO Box 90194
Gainesville FL 32607


MGR

Alana B. Hurt
PO Box 90194
Gainesville FL 32607

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

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.)

Edward W. Hurt

Typed or printed name of signer

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)