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|---|
| (Requestor's Name) |
| (Address) |
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| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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EXAMINER

. ,.. COVER LETTER

| TO: | Registration Section Division of Corpora | tions | | | | | |
|--------------|--|--|--------------|--|---|-------|--|
| SURII | ECT: Sandcastle | e Services LL | С | | | | |
| 3020 | | (Name of Limi | | ty Compa | uny) | | |
| The en | closed Articles of Organ | nization and fee(s) are | submitted | l for filing | 3 . | | |
| Please | return all corresponden | ce concerning this ma | tter to the | following | ; | | |
| | Lance Christer | nson | | | | | |
| | | • | (Name of | Person) | | | |
| | Sandcastle Se | ervices LLC | | | | | |
| | | | (Firm/Cor | mpany) | | | |
| | 475 Sandy Ca | y Drive | | | | | |
| | | | (Addr | ess) | | | |
| | Miramar Beac | h, FL 32550 | | | | | |
| | | (Ci | ty/State and | d Zip Code | ;) | | |
| For fur | ther information concer | ning this matter, pleas | se call: | | | | |
| Lan | ce Christenson | ļ | _at (_8 | 50 | , 687-9 | 994 | ļ |
| | (Name of Pers | son) | _ 0. (| (Area Cod | e & Daytime | Tele | phone Number) |
| Enclo | sed is a check for the | following amount: | | | | | |
| \$125 | .00 Filing Fee ☐\$1 Ce | 30.00 Filing Fee & ertificate of Status | Cert | tified Co | ng Fee & py y is enclosed | | \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | Reg Div P.C | iling Address gistration Section rision of Corporations b. Box 6327 lahassee, FL 32314 | | Registrat Division Clifton E 2661 Exc | ourier Add ion Section of Corpora Building ecutive Cen see, FL 323 | tions | ircle |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | | | | | |
|--|---|-------------------|--|--|--|
| The name of the Limited Liability Company | is: | | | | |
| | | | | | |
| Sandcastle Services LLC | | | | | |
| (Must end with the words "Limited I | Liability Company, "L.L.C.," or "LLC.") | | | | |
| ARTICLE II - Address: | | | | | |
| The mailing address and street address of th | e principal office of the Limited Liability | y Company is: | | | |
| | 25.00 | | | | |
| Principal Office Address: | Mailing Address: | | | | |
| 475 Sandy Cay Drive | Same: | | | | |
| Miramar Beach, FL 32550 | | | | | |
| | | | | | |
| ARTICLE III - Registered Agent, Registe | ered Office. & Registered Agent's Sign | ıature: | | | |
| (The Limited Liability Company cannot serve as its own I | | | | | |
| business entity with an active Florida registration.) | | SIAIC | | | |
| The name and the Florida street address of t | he registered agent are: | SECRE VISION (| | | |
| Lance Christenso | n | 75 ≥ R C | | | |
| | ame | OF OF | | | |
| 475 Sandy Cay D | rivo | | | | |
| 475 Sandy Cay D | et address (P.O. Box NOT acceptable) | 4 250 | | | |
| | • • • | \$1ATE 08ATIO | | | |
| Miramar Beach, F | | | | | |
| City, St | ate, 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..

Registered Agent's Signature (REQUIRED)

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

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

| IGR | Lance Christenson | |
|---------------------------------------|----------------------------|----------|
| | 475 Sandy Cay Drive | |
| • | Miramar Beach, FL 32550 | _ |
| MGRM | Annette Christenson | |
| | 475 Sandy Cay Drive | _ |
| | Miramar Beach, FL 32550 | _ |
| MGRM | Chad Christenson | |
| | 591 Shelter Cove Drive | |
| | Santa Rosa Beach, FL 32459 | _ |
| | | _ |
| | | <u>-</u> |
| (Use attachment if necessary) | | |
| LE V: Effective date, if other than t | he date of filing: (OPTI | ON. |

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.)

Lance Christenson

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)