## L0800002824/

(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:				

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FILED SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON

MAR 1 9 2008

**EXAMINER** 

## **COVER LETTER**

· TO:	Registration Se Division of Cor			
SUBJE	CCT: 7864	SANDMA 203	LLC	
00262		(Name of Limi	ted Liability Company)	
The en	closed Articles of	Organization and fee(s) are	submitted for filing.	
Please	return all correspo	ondence concerning this ma	tter to the following:	
		$\mathcal{D}$	4	
		BRIAN F. C	AUFANO	
			(Name of Person)	
			(Firm/Company)	
	,	2647 FRM	ares Caes-	
		, , , , , , ,	NCES STREET (Address)	
		_		
		BELLMORE	NV 11710	,
		(Ci	ity/State and Zip Code)	
For fur	ther information c	oncerning this matter, pleas	se call:	
$\mathcal{P}_{\alpha}$		- 4	212 091 0	***
DKI	(Name of	of Person)	at ( 212 ) 991 - 8 (Area Code & Daytime Tel-	ephone Number)
	(		·	,
Enclos	ed is a check for	the following amount:		
\$125.	00 Filing Fee 【	\$130.00 Filing Fee & Certificate of Status	S155.00 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 C Tallahassee, FL 32301	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:					
The name of the Limited Liability Company is:					
Must end with the words "Limited Liability Company, "L.L.C.," or "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:				
BALLMORE ANY 11710	2647 FRANCES FRANCE				
BELLMORE ANY 11710	BOLLMORES AND 11710				
(The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.)  The name and the Florida street address of the					
NEW YORK ICES INC.					
, name					
IS II ZORGITA AVANUE  Florida street address (P.O. Box NOT acceptable)					
City, State	<u>C FL 33/4/</u> e, and Zip				
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete p	o accept service of process for the above stated limited this certificate, I hereby accept the appointment as sity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 608, F.S				

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

DIVISION OF CORPORATIONS

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
<del></del> ,	
(Use attachment if necessary) She	ATTACHMERAT
	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
Signature of a member	or an authorized representative of a member.
of this document constituent that the facts stated her	, '
	d 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)

## · Attachment to Article IV - Managers of LLC

<u>Title</u>	<u>Name</u>	Address
Manager	Brian F. Califano	2647 Frances Street, Bellmore, NY 11710
Manager	Louis Faiella	296 Bayview Avenue, Massapequa, NY 11758
Manager	Louis S. Faiella	3086 Susan Road, Bellmore, NY 11710
Manager	Marc Kaplan	2956 Wilson Avenue, Wantagh, NY 11793
Manager	Russell Kaplan	3136 Lydia Lane, Bellmore, NY 11710
Manager	Anthony Sampino	55 West Lande, Bay Shore, NY 11706
Manager	John Vullo	35 Garnier Lane, Bay Shore, NY 11706