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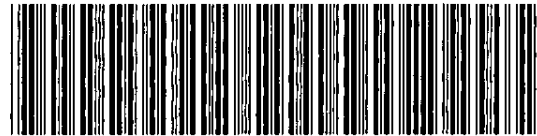
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EXAMINER



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EXAMINER

CAPITAL CONNECTION, INC.

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

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Please File
Sandy Foot Properties
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_____

Signature

Requested by

Name

Date

Time

Seth 5/1 11:00

**ARTICLES OF ORGANIZATION
FOR
SANDY FOOT PROPERTIES, LLC**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby make, acknowledge, and file the following Articles of Organization.

ARTICLE I

The name of the limited liability company shall be:

SANDY FOOT PROPERTIES, LLC

Herein after referred to as the "Company".

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TALLAHASSEE, FLORIDA

ARTICLE II

The mailing and street address of the Company's principal office is:

5837 Fort Rose Circle
Hudson, Ohio 44236

But it shall have the power and authority to establish branch offices at any other place or places as the members may designate.

ARTICLE III

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV

The name and Florida street address of the initial registered agent is:

JESS W. LEVINS
LEVINS & ASSOCIATES LLC
6810 Porto Fino Circle
Ft. Myers, FL 33912

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 the 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.

Registered Agent Signature: 
JESS W. LEVINS

ARTICLE V

The name and address of managing members/managers are:

Title: Managing Member

BARBARA N. TRIMBLE
5837 Fort Rose Circle
Hudson, Ohio 44236

Title: Managing Member

JONATHAN B. TRIMBLE
5837 Fort Rose Circle
Hudson, Ohio 44236

ARTICLE VI

The effective date for this Limited Liability Company shall be:

Upon filing with the Secretary of State.

Signature of member or an authorized representative of a member:



BARBARA N. TRIMBLE, Managing Member



JONATHAN B. TRIMBLE, Managing Member