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SECKETARY OF STATE
TALLAHASSEE, FLORID

M. THOMAS

JAN 2 1 2009

EXAMINER

COVER LETTER

Ç

TO:	Registration Section Division of Corporations		
SUBJI	ECT: TROPICAL SANDS AC	CCOMMODATIONS, LLC.	
2020		nited Liability Company)	
The en	closed Articles of Organization and fee(s) a	re submitted for filing.	
Please	return all correspondence concerning this m	natter to the following:	
	Steve Cavanaugh		
		(Name of Person)	
	TROPICAL SANDS ACCO	OMMODATIONS, LLC.	
		(Firm/Company)	
	1211 Old Stickney Point R	oad ·	
		(Address)	
	Sarasota, FL 34242		
	(1	City/State and Zip Code)	20 F
For fur	ther information concerning this matter, ple	ase call:	99 JAN 20 NH III: 24 SECTED SEE: FLORID
_	-		STATE OF THE STATE
Stev	e Cavanaugh (Name of Person)	at (941) 349-3460 (Area Code & Daytime Telephone Number)	Du .
	((dille of Fellon)	(ritea code de Dayunie releptione (rumber)	
Enclos	ed is a check for the following amount:		
□ \$125.	00 Filing Fee \$\bigcup \\$130.00 Filing Fee &\text{ Certificate of Status}	Certified Copy (additional copy is enclosed) \$160.00 Filing Feromannian Service Certificate of State Certified Copy (additional copy is enclosed)	us &
	Mailing Address Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Social Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

business entity with an active Florida registration.)

TROPICAL SANDS ACCOMMODATIONS, LLC.

(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 Companysis:

Principal Office Address:	Mailing Address:	超 20
1211 Old Stickney Point Road		新
Sarasota, FL 34242		
	egistered Office, & Registered Agent s own Registered Agent. You must designate an indi	

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

Steve Cavanaugh	
Name	

1211 Old Stickney Point Road

Florida street address (P.O. Box NOT acceptable)

Sarasota, FL 34242 FL

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:

MGR	Steve Cavanaugh
	1211 Old Stickney Point Road
	Sarasota, FL 34242
MGRM	Traci Cavanaugh
	1211 Old Stickney Point Road
	Sarasota, FL 34242
MGRM	Millie Burnett
- "	1211 Old Stickney Point Road
	Sarasota, FL 34242
MGRM	R M Burnett
	1211 Old Stickney Point Road
	Sarasota, FL 34242
Use attachment if neces	sary)
LE V: Effective date, if of	other than the date of filing: (OPTIONA
	date must be specific and cannot be more than five business day
days after the date of fil	·

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.)

Steve Cavanaugh

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)