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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : CSH SERVICES, LLC
Account Number : 12C0703C0160
Phone : (800) 494-3124
Fax Number : (561) 455-9885

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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FLORIDA LIMITED LIABILITY CO.

Sandvest LLC

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$125.00

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J. BRYAN

MAY 25 2010

EXAMINER

H-10000122779-3

**ARTICLES OF ORGANIZATION FOR A
FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

SANDVEST LLC

ARTICLE II ADDRESSThe mailing address and street address of the principal office of the
Limited Liability Company is:

27 HARBOUR ISLE DRIVE W UNIT 206

FORT PIERCE, FLORIDA 34949

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT SIGNATURE**

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

THOMSON J MCANENEY

27 HARBOUR ISLE DRIVE W UNIT 206

FORT PIERCE, FLORIDA 34949

Having been named as registered agent 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.

X


THOMSON J MCANENEY / Registered Agent's signature

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PAGE 2 SANDVEST LLC

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS (optional)

MANAGING MEMBER

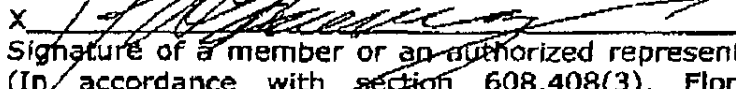
THOMSON J MCANENEY

27 HARBOUR ISLE DRIVE W UNIT 206

FORT PIERCE, FLORIDA 34949

10 MAY 24 AM 8:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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X 
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.

THOMSON J MCANENEY

4.10000122779-3.