1210000088421

· <u>-</u> .					
AIL					
(Document Number)					
Special Instructions to Filing Officer:					
į					
:					

Office Use Only



800184523028

08/20/10--01017--014 **130.00



S. HAWKES
AUG 2 3 2010
EXAMINER

COVER LETTER

	of Corporations					
SUBJECT:	Sand Castle Proper Name of Limite	cty Management	LLC			
The enclosed Arti	icles of Organization and fee(s) are s	submitted for filing.				
Please return all c	orrespondence concerning this matte	er to the following:				
	Jennifer Bar	rett Name of Person				
Firm/Company						
8522 Gulf Blud. Unit 25						
Navarre, FL 32566 City/State and Zip Code						
SANDCASTLEPROPMEMT(O) GMAIL-COM E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Jenni	Fer Barrett Name of Person	at (850) 2037 - Area Code & Daytime Tele	4146 ephone Number			
Enclosed is a check for the following amount:						
□\$125.00 Filing	Fee \$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	1 \$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 Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	s			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is: Sand Castle Property Management, LLC Other Research of the Limited Liability Company is:

ARTICLE II - Address:

Principal Office Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Mailing Address:

Navarre, FL 32566 Navarre, FL 32566 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
<u>Jennifer</u> Barrett
Name
8522 Gulf Blud Unit 25
Florida street address (P.O. Box NOT acceptable)
Navarre FL 32566
City, State, 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)

(CONTINUED)
Page 1 of 2

7. *	ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:			
	Title: "MGR" = Manag "MGRM" = Mar	•	Name and Address:	PH 3: 0
	MGRM		Jennifer Barrett 8522 Gulf Blud Unit Navarre, FL 32566	25
	MGRM		Wendy Hoeflich 4176 Oak Pointe Dr Gulf Breeze, FL 32563	<u> </u>
		_		
	(Use attachment	if necessary)		
(If an e	CLE V: Effective of fective defective date is list days after the date is list days after the date date date days after the date days after the date days after the days af	ted, the date must be sp te of filing.)	e of filing: ecific and cannot be more than five t	(OPTIONAL) ousiness days prior
		Jennific C	Barrell an authorized representative of a member	- r.
		(In accordance with section of this document constitute that the facts stated herein the facts are stated herein the f	608.408(3), Florida Statutes, the execution s an affirmation under the penalties of perjury	
	Filing Fees:	, 1		

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)