L11000035232

(Requestor's Name)
(Address)
(Address)
- (City/State/Zip/Phone #)
(Otyrotatorziph Hone II)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
'
Special Instructions to Filing Officer:

Office Use Only



300198117413

03/22/11--01033--018 . **160.00

SECRETARY OF STATION DIVISION OF CORPORATION

COVER LETTER - .

TO: Registration of	n Section Corporations		
_{SUBJECT:} San	dy Properties I, LLC) .	
		d Liability Company	
The enclosed Article	s of Organization and fee(s) are s	ubmitted for filing.	
Please return all corr	espondence concerning this matte	er to the following:	
Maite A	rnedo		
		Name of Person	
		Firm/Company	
/110 Ev		r mu company	
410 = 00	ernia Street, #409	Address	
		radioss	
West Pal	m Beach, FL 33401		
	•	/State and Zip Code	
marnedo(@yahoo.com	r future annual report notification	<u>,</u>
For further informati	on concerning this matter, please	·	,
	voii.egg		
Maite Arnedo		at (323) 397-117	
Na	ne of Person	Area Code & Daytime T	elephone Number
Enclosed is a check	for the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 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 Addresses Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 3230	ons or Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY **ARTICLE I - Name:** The name of the Limited Liability Company is: Sandy Property I, 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 Company is: **Principal Office Address: Mailing Address:** 410 Evernia Street, #409 410 Evernia Street, #409 West Palm Beach, FL 33401 West Palm Beach, FL 33401 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: Maite Arnedo Name 410 Evernia Street, #409

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..

City, State, and Zip

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

_{FL} 33401

Registered Agent's Signature (REQUIRED)

West Palm Beach,

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

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

<u>Title:</u> "MGR" = Manager	Name and Address:	
"MGRM" = Managing Member		
MGRM	Maite Arnedo	
	410 Evernia Street, #409	
	West Palm Beach, FL 33401	
		
(Use attachment if necessary)		
	d L CST	
LL V: Effective date, if other than	the date of filing: (OPTION st be specific and cannot be more than five business date	NAL)
0 days after the date of filing.)	st be specific and cannot be more than five business da	ays p
	and the	_
DECLUDED CLCN ATLED	•	ا المسيد
REQUIRED SIGNATURE:	: :-	=
REQUIRED SIGNATURE:		II MAR
REQUIRED SIGNATURE:	is to work	11 MAR 22
<u> </u>	mbor or or outhorized removes tative of a march an	11 MAR 22
Signature of a me	mber or an authorized representative of a member.	3
Signature of a me	mber or an authorized representative of a member. 1 608.408(3), Florida Statutes, the execution of this document	
Signature of a median (In accordance with section constitutes an affirmation up I am aware that any false in	mber or an authorized representative of a member. 1 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. 1 formation submitted in a document to the Department of State	3
Signature of a median (In accordance with section constitutes an affirmation up I am aware that any false in	mber or an authorized representative of a member. 1 608.408(3), Florida Statutes, the execution of this document	3
Signature of a median (In accordance with section constitutes an affirmation up I am aware that any false in	mber or an authorized representative of a member. 1 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. 1 formation submitted in a document to the Department of State	3

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)