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SECRETARY OF STATE OF STATE OF CORPORATIONS

COVER LETTER

Registration Section

Division of	Corporations			
SUBJECT: Sarc	dinas Services			<u></u>
SUBJECT.		l Liability Compa	any	
The enclosed Article	s of Organization and fee(s) are so	ubmitted for filing	g.	11 SEP 12 AMIG
Please return all corr	espondence concerning this matte	r to the following	g;	3
Frank S	Sardinas			
	ſ	Name of Person		·
Sardina	s Services			
		Firm/Company	•	
1883 tu	lip lane			
		Address		
wellingto	n Fl. 33414	State and 7in Code		
sardinass	1@aol.com	State and Zip Code		
For further information	E-mail address: (to be used for on concerning this matter, please of	•	ort notification)	
Frank Sardinas		!		
Nar	ne of Person	Area Code & Daytime Telephone Number		lephone Number
Enclosed is a check	for the following amount:	_		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filin Certified Cop (additional copy	ру	\$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	Registrati Division Clifton B 2661 Exe	ourier Address on Section of Corporation uilding ecutive Center see, FL 32301	ns .

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY CO **ARTICLE I - Name:** The name of the Limited Liability Company is: Sardinas Services 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:** 1883 tulip lane wellington Fl. 33414 1883 tulip lane wellington Fl. 33414 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: Frank J. Sardinas Name 1883 tulip lane Florida street address (P.O. Box NOT acceptable) wellington City, State, and Zip Having been named as registered agent and to accept service of process for the above stated limited

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

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM. Suzanne Sardinas 1883 tulip lane wellington Fl. 33414 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: __ . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) REQUIRED SIGNATURE

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Suzanne Sardinas

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)