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(Re	questor's Name)	1.0
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PICK-UP	☐ WAIT	MAIL
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D. BRUCE
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EXAMINER

COVER LETTER

TO:	Registration S Division of Co		y	,		
SUBJE	CCT·	Sandbar N	Marketing, Ll	LC		
0000			Liability Company			
		f Organization and fee(s) are sub	-			
riease	return an corresp	ondence concerning this matter t	to the following:			
			⁄lirabella Jr.			
		Na	ime of Person			
		Sandbar I	Marketing, L	LC		
•		Fi	m/Company			
		64 /	Avenue D			
	-		Address		us-r b	
		Analaahi	nolo El 2020	0	12 F	
			cola, FL 3232 rate and Zip Code	U	- 6	
			mchsi.com		29 ASSI	7-4-4-5
-		E-mail address: (to be used for t		fication)	1112	II
For furt	her information	concerning this matter, please ca	11:		PH 12: 09	<i></i>
	Alfia M	lirabella Jr.	850	653-5838	>	
	Name	of Person	Area Code & Da	ytime Telephone Number		
Enclos	/ ed is a check fo	or the following amount:				
			Ansson 200 - 5			
\$125.00	Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee Certified Copy (additional copy is end	Certificate closed) Certified C	of Status &	
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Registration Sec Division of Cou Clifton Buildin 2661 Executive	ction rporations g		

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Co	Jinpany 18;	
Sandba	r Marketing, LLC	
(Must end with the words "l	Limited Liability Company, "L.L,C.," or "LLC,")	<u></u>
ARTICLE II - Address: The mailing address and street address	ss of the principal office of the Limited L	iability Company is:
Principal Office Address:	Mailing Address:	
64 Avenue D Apalachicola, FL 32320	64 Avenue D Apalachicola, FL 32320	
(The Limited Liability Company cannot serve as business entity with an active Florida registration.) The name and the Florida street addresses the control of the control	ess of the registered agent are:	vidual or another
A	Ifia Mirabella Jr. Name	8 29
64	4 Avenue D	329 PHIZ
Flori Apalachio	ida street address (P.O. Box <u>NOT</u> acceptable) cola FL 32320 City, State, and Zip	FEB 29 PH 12: 09 AHASSEE, FLORIDA
liability company at the place designed registered agent and agree to act in the statutes relating to the proper and confidence accept the obligations of my position.	ent and to accept service of process for the gnated in this certificate. I hereby accept this capacity. I further agree to comply with omplete performance of my duties, and I at ion as registered agent as provided for in Complete Signature (REGOIRED)	he appointment as h the provisions of all m familiar with and

(CONTINUED)

<u>Title:</u> "MGR" = M "MGRM" =	anager Managing Member	Name and Address:
MGRM		Alfia Mirabella Jr.
		64 Avenue D
		Apalachicola, FL 32320
MGRM		Serena S. Mirabella
		64 Avenue D
		Apalachicola, FL 32320
LE V: Effec	nent if necessary) tive date, if other than the	e date of filing: (OPTION
LE V: Effec fective date i days after th	tive date, if other than the	
LE V: Effec fective date i days after th	tive date, if other than the is listed, the date must be date of filing.) SIGNATURE:	e date of filing: (OPTION
LE V: Effective date in days after the REQUIRED	tive date, if other than the is listed, the date must be ne date of filing.) SIGNATURE: Signature of a member accordance with section 60% on stitutes an affirmation under maware that any false infor	e date of filing: (OPTION be specific and cannot be more than five business d
LE V: Effective date in days after the REQUIRED	tive date, if other than the is listed, the date must be ne date of filing.) SIGNATURE: Signature of a member accordance with section 60% on stitutes an affirmation under maware that any false infor	er or an authorized refresentative of a member. 8.408(3), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State may as provided for in s.817.155, F.S.)
LE V: Effective date in days after the REQUIRED	stive date, if other than the is listed, the date must be date of filing.) SIGNATURE: Signature of a member accordance with section 60 constitutes an affirmation under maware that any false informatitutes a third degree felonic stitutes at third stitu	er or an authorized representative of a member. 8.408(3), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.)
LE V: Effective date in days after the REQUIRED	sisted, the date must be date of filing.) SIGNATURE: Signature of a member accordance with section 600 constitutes an affirmation under am aware that any false informatitutes a third degree felon	er or an authorized representative of a member. 8.408(3), Florida Statutes, the execution of this document for the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State may as provided for in s.817.155, F.S.) Alfia Mirabella Jr.