# 112000048648

(Re	questor's Name)	<del></del>
(Add	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	<del>)</del> #)
PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	

Office Use Only



900227834369

04/09/12--01020--021 \*\*130.00

12 APR -9 PM I2: 29
SECRETARY OF STATE

D. BRUCE

APR 1 0 2012

**EXAMINER** 

## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJ	ECT: SANd piper 116 LLC  Name of Limited Liability Company	
	Name of Limited Liability Company	
The en	nclosed Articles of Organization and fee(s) are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	
	Sames Miller Name of Person	
	Name of Person	
	James Miller Esquire	
	Etrn/Company	
	1665 Palm Beach Lakes Blud. St. 101 Address	
		· 🚉 🔑 🔝
	West Palm Beach FL 33401  City/State and Zip Code  J_ Miller @ Bell south. Net  E-mail address: (to be used for future annual report notification)	
	City/State and Zip Code	APR-9 MIN
	J_ Miller @ Bell south. net	S.S.
	E-mail address: (to be used for future annual report notification)	
For fur	rther information concerning this matter, please call:	148 OF STAT
	Tames Miller at (561) 762-4497  Name of Person Area Code & Daytime Telephone Number	R-9 MIZ: 29 ETARY OF STATE HASSEE, FLORIDA
	Name of Person Area Code & Daytime Telephone Number	
Enclos	sed is a check for the following amount:	
<b>]\$</b> 125.00	O Filing Fee \$\ \times \text{\$130.00 Filing Fee & Gertificate of Status} \text{ Certified Copy Certificate of Certified Copy (additional copy is enclosed)} \text{ Certified Co (additional copy} \text{ Certified Copy (additional copy} \text{ Certified Copy} \text{ Certified Copy (additional copy} \text{ Certified Copy} \text{ Certified Copy (additional copy} \text{ Certified Copy} \text{ Certified Copy} \text{ Certified Copy} \text{ Certified Copy (additional copy} \text{ Certified Copy}  Certifie	f Status & py
	Mailing Address Street/Courier Address	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

### ARTICLES OF ORGANIZATION FOR FLORIDA PROFESSIONAL LIMTED LIABILITY COMPANY

## **SANDPIPER 116 LLC**

#### **ARTICLE I- Name:**

The name of the Professional Limited Liability Company is:

## Sandpiper 116 LLC

**Purpose:** To own and manage real property, residential and commercial.

#### **ARTICLE II- Address:**

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

1421 Palm Circle Lake Clarke Shores, FL 33406

# ARTICLE III- Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida Street Address of the registered agent are:

Mark E. Roberts 1421 Palm Circle Lake Clarke Shores, FL 33406

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.

Mark Roberts Registered Agent

#### **ARTICLE IV- Managing Member:**

The name and address of each Manager who is also the Managing Member is as Follows:

Name and Address:

Title:

Managing member Karen S. Goldfarb 1421 Palm Circle, Lake Clarke Shores, FL 33406

Managing Member Mark Roberts 1421 Palm Circle, Lake Clarke Shore, FL, 33406

Member Brandon Roberts 1421 Palm Circle, Lake Clarke Shores, Fl 33406

**ARTICLE V-** Effective date, shall be the date of filing of these Articles.

**SIGNATURE:** 

Karen S. Goldfarb Managing Member

Mark Roberts, Managing Member

Brandon Roberts, Member

