# 43000033371

(Req	uestor's Name)	
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(City.	/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nam	e)
(Doc	ument Number)	
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Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	





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MAR - 5 2013

T. HAMPTON

(850) 245-60512

#### **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT

### Sandbar Contracting LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

### Patrick K Humphreys

Name of Person

### Sandbar Contracting LLC

Firm/Company

230 North Cove Blvd.

Address

## Panama City, FL 32401

City/State and Zip Code

aub1994@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

#### Roman Holland

<sub>1/</sub>850

253-9085

Name of Person

Area Code & Daytime Telephone 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 Address

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the L	imited Liability Com	pany is:		
Sandbar Contracting L	LC			
(M	ust end with the words "Lin	nited Liabil	ity Company, "L.L.C.," or "LLC.")	
ARTICLE II - Ad	ddress:			
The mailing addre	ss and street address	of the pr	incipal office of the Limited Liability Compar	ıy is:
Principal Office A	Address:		Mailing Address:	
230 North Cove Blvd.			230 North Cove Blvd.	
Panama City, FL 3240	1		Panama City, FL 32401	
The name and the	Florida street address  Patrick K Humphreys	Name	egistered agent are:	
	230 North Cove Blvd.			
	Florida	street add	lress (P.O. Box NOT acceptable)	
	Panama City	<del> </del>	<sub>FL</sub> 32401	
		City, Sta	ate, and Zip	
liability compa registered agent all statutes relai	ny at the place desigr and agree to act in th ing to the proper and	nated in t nis capaci l complete	accept service of process for the above stated li his certificate, I hereby accept the appointment ity. I further agree to comply with the provision e performance of my duties, and I am familiar gistered agent as provided for in Chapter 608,	as ns of with
	Patrick	к Ни	mphreys	
	Registered Ager	nt's Signat	ure (REQUIRED)	
			w	

(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:

'MGRM" = Managing Mem	ber
MGRM	Roman R Holland
	900 Pinehurst Cir. #923
	Panama City Beach, FL 32407
MGRM	Patrick K Humphreys
	230 North Cove Blvd.
	Panama City, FL 32401
Use attachment if necessary	<u> </u>
	r than the date of filing: (OPTIO ate must be specific and cannot be more than five busifiling.)
LE V: Effective date, if other fective date is listed, the dor 90 days after the date of	r than the date of filing: (OPTIO ate must be specific and cannot be more than five busifiling.)
LE V: Effective date, if other of the dective date is listed, the dor 90 days after the date of REQUIRED SIGNATURE	r than the date of filing: (OPTIO ate must be specific and cannot be more than five busifiling.)

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

Roman R Holland

\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee