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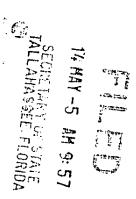
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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COVER LETTER

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

	SUBJECT: Sanctus, 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:
{	Christopher C. Cooke Name of Person
	Sanctus, LLC
	. Firm/Company
	5900 Collins Ave, # 1405
	Address
	Miami Beach, FL., 33140
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
	For further information concerning this matter, please call:
	Christopher C. Cooke at (786) 470-9341/ Name of Person Area Code Daytime Telephone Number
	Enclosed is a check for the following amount:
	\$125.00 Filing Fee \$\ \times \text{Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}
	Mailing Address Street/Courier Address
	Registration Section Registration Section
	Division of Corporations Division of Corporations
	P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassec, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited	d Liability Comp	oany is:		_		
Sanctu	is, LL	C				•
(M	lust end with the	words "Limited L	iability Cor	mpany, "L.L.C.," or "	LLC.")	
ARTICLE II - Address The mailing address and		of the principal offi	ce of the L	imited Liability Com	pany is:	
Principal Office Addre	:55;		Mailing A	Address:		
5900 Collins	SAR #	1405	5900	Collins A	12 # 140S	
Wiami Bec	ch. Fl		Mie	mi Beach	, FL:	
		10		3314	<u> </u>	
ARTICLE III - Registe (The Limited Liability Canother business entity)	Company cannot	serve as its own R	egistered A	i Agent's Signature: gent. You must desig	nate an individua	lor
The name and the Florid	la street address	of the registered a	gent are:			
<u>-</u>	Losa	- Ca	105		•	
•		Name		A 4	- 0	
_	5900	Collins	Au	e. Mgm	t Office	e
	Florida street a	ddress (P.O. Box 1	OT accept	table)		
_	Miami	Beach	FL	33140		
		City ,		Zip		
capacity. I further agr	in this certificate to comply with a familiar with a	e, I hereby accept to the the provisions of and accept the oblig Chapter Chapter d Agent's Signatur	the appointment of the appointment of the appointment of the actions of mentions of the 605, F.S.	nent as registered age relating to the proper y position as registere	nt and agree to ac and complete per	t in this formance
		(CONTINUE)	D)		SEE.	
		Page 1 of 2		•	FLORID	

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager M G K	Christopher C. Cooke 5900 Collins Ave #1400
	Minmi Beach, EL 331
•	
The second secon	
E V: Effective date, if other than the	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90 da
ective date is listed, the date must of filing.) E VI: Other provisions, if any.	be specific and cannot be more than five business days prior to or 90 da
E V: Effective date, if other than the ective date is listed, the date must of filing.) E VI: Other provisions, if any.	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90 da
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E V: Effective date, if other than the ective date is listed, the date must of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	be specific and cannot be more than five business days prior to or 90 da a member of an authorized representative of a member.
E V: Effective date, if other than the ective date is listed, the date must of filing.) E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of (In accordance with section constitutes an affirmation I am aware that any false	be specific and cannot be more than five business days prior to or 90 da
E V: Effective date, if other than the ective date is listed, the date must of filing.) E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of (In accordance with section constitutes an affirmation I am aware that any false constitutes a third degree	a member of an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein afe true. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)
E V: Effective date, if other than the ective date is listed, the date must of filing.) E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of (In accordance with section constitutes an affirmation I am aware that any false constitutes a third degree Characteristic Characteristics Characteristic Characteristics Characteristi	a member of an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein afe mue. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)

ARTICLE IV-