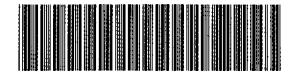
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SECRETARY OF STATE

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FLORIDA DEPARTMENT OF STATE Division of Corporations

September 4, 2014

SANDRA SANCHEZ 934 SW 176 TERRACE PEMBROKE PINES, FL 33029

SUBJECT: SANDRA SANCHEZ P.A. LLC

Ref. Number: W14000053958

We have received your document for SANDRA SANCHEZ P.A. LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity cannot include "P.A.." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is P03000152280.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline Regulatory Specialist II

Letter Number: 214A00018871

www.sunbiz.org

. Ref#W14000053958

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJI	ECT: Sandra Fader LLC Name of Limited Liability Company	
The en	sclosed Articles of Organization and fee(s) are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	
	Sandra Fader	_
	Name of Person	
	Firm/Company	
	934 SW 176 Terrace	_
	Address	. <u>C</u> a
	Pombroka Dinas El 22020	915
	Pembroke Pines Fl 33029 City/State and Zip Code	. JA
	sandrafaderé outlook com	JAN 20
	E-mail address: (to be used for future annual report notification)	N 20 PM
For fin	rther information concerning this matter, please call:	PH 4: 20
101101	A PA	
Sandi	ra Fader at (954) 822-1326	õ
<u>Qajiu</u>	Name of Person Area Code Daytime Telephone Number	
Enclos	sed is a check for the following amount:	
□ \$125.0	On Filing Fee \$\bigcup \\$130.00 \text{ Filing Fee & \$\bigcup \\$155.00 \text{ Filing Fee & \$\bigcup \\$160.00 \text{ Filing Fee.}}\$\$ Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Asceady paid Ref # \$\bigcup \Bigcup \Bigc	
	Mailing Address Street/Courier Address	
	Registration Section Registration Section	
	Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building	
	Tallahassee, FL 32314 2661 Executive Center Circle	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
Sandra Fader LLC (Must end with the words "Limite	ed Liability Company, "L.L.C.," or "I	LLC.")
ARTICLE II - Address: The mailing address and street address of the principal	office of the Limited Liability Comp	vany is:
Principal Office Address:	Mailing Address:	
934 SW 176 Terrace Pembroke Pines FI 33029	934 SW 176 Terrace Pembroke Pines Fl 33029	
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its ow another business entity with an active Florida registrat	vn Registered Agent. You must design	
The name and the Florida street address of the register	ed agent are:	2015 FAIL
Sandra Fader Nan	ne	JAN 20 AHASSE
934 SW 176 Terrace	an NOT annual la	mg ⊋ [∏
Florida street address (P.O. B	ox NOT acceptable)	SIZ F
Pembroke Pines	FL 33029	RRATI 2
City	Zip	⊳ ''' O
Having been named as registered agent and to accept the place designated in this certificate, I hereby acc capacity. I further agree to comply with the provision of my duties, and I am familiar with and accept the Cha	ept the appointment as registered ager as of all statutes relating to the proper	nt and agree to act in this and complete performance
Registered Agent's Sig	nature (REQUIRED)	
(CONTIN	(UED)	

Page 1 of 2

"AMBR" = Authorized Member "MGR" = Manager	Name and Address:
IVICIN - Manager	
MGR	Sandra Fader
	934 SW 176 Terrace
	Pembroke Pines Fl 33029
	
	<u> </u>
(Use attachment if necessary)	
E VI: Other provisions, if any,	
onal LLC - Licensed in Real Estate	
onal LLC - Licensed in Real Estate	
onal LLC - Licensed in Real Estate REQUIRED SIGNATURE:	
onal LLC - Licensed in Real Estate	
REQUIRED SIGNATURE: Signature of a mem	ber or an authorized representative of a member.
REQUIRED SIGNATURE: Signature of a mem (In accordance with section 605.	ber or an authorized representative of a member. 0203 (1) (b), Florida Statutes, the execution of this document
REQUIRED SIGNATURE: Signature of a mem (In accordance with section 605, constitutes an affirmation under the section 605).	ber or an authorized representative of a member. 0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true.
REQUIRED SIGNATURE: Signature of a mem (In accordance with section 605.) constitutes an affirmation under t 1 am aware that any false informa	ber or an authorized representative of a member. 0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. ation submitted in a document to the Department of State.
REQUIRED SIGNATURE: Signature of a mem (In accordance with section 605.) constitutes an affirmation under the lam aware that any false information constitutes a third degree felony.	ber or an authorized representative of a member. 0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. ation submitted in a document to the Department of States as provided for in s.817.155, F.S.)
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