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| Special Instructions to F | Filing Officer: | |
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Office Use Only



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COVER LETTER

| | Registration Division of C | | | | |
|-------------|-------------------------------|--|-----------------|---|--|
| SUBJEC | Sandridg | e Consulting, a Limited Li | ability Compa | any | |
| | | Name of L | imited Liabili | ity Company | |
| The enclo | sed Articles o | of Organization and fee(s) | are submitted | for filing. | |
| Please ret | urn all corres | pondence concerning this r | natter to the f | ollowing: | |
| | Geoffrey J | ohn Troan | | | |
| | | | Name of | Person | |
| | Sandridge | Consulting, LLC | | | |
| | | - 40-40- | Firm/Co | mpany | . |
| | 477 Water | Street | | | |
| | | | Addr | ess | |
| | Celebration | n, Florida 374 | | | |
| | Jeff.J.Troan | @TROAN.org | City/State and | d Zip Code | |
| | | E-mail address: (to be use | ed for future a | nnual report notificat | ion) |
| For further | information c | concerning this matter, plea | ise call: | | |
| | Jeff Troan | | 202 | 386-6358 | |
| | Na | me of Person | Area Code | Daytime Telephon | ne Number |
| Enclosed i | s a check for | the following amount: | | | |
| \$125.00 F | iling Fee | \$130.00 Filing Fee & Certificate of Status | Certific | 0 Filing Fee & ed Copy al copy is enclosed) | \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | Maili | ing Address | | Street 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 LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

| Sandridge Consulting, LLC | |
|---|---|
| (Must end with the words "Limited | Liability Company, "L.L.C.," or "LLC.") |
| RTICLE II - Address: | - |
| e mailing address and street address of the principal o | ffice of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 477 Water Street | 477 Water Street |
| Celebration, Florida 34747 | Celebration, Florida 34747 |
| | |
| RTICLE III - Registered Agent, Registered Office, the Limited Liability Company cannot serve as its own other business entity with an active Florida registration | Registered Agent. You must designate an individual or |
| he name and the Florida street address of the registered | l agent are: |
| | |

Name

477 Water Street

Florida street address (P.O. Box NOT acceptable)

Celebration Florida 34747

City State Zip

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 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

| <u>Title:</u> "AMBR" = | Authorized | Member | Name and Address: | |
|---|--|--|--|--|
| "MGR" = N | 1anager | | | |
| AMGR | | _ | Geoffrey John Troan | · |
| | | | 477 Water Street | - |
| | | | Celebration, Florida 34747 | |
| 4.1.CD | | | | · · · · · · · |
| AMGR | | - | Amy Marie Glester | |
| | | | 477 Water Street | <u> </u> |
| | | | Celebraion, Florida 34747 | <u> </u> |
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