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OCT 1 5 2015 S. GILBERT

COVER LETTER

Division of Corporations
SUBJECT: Sandra Jean Studio 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:
Sandra Jean Wilson Name of Person
Name of Person
Sandra Jean Studio LLC. Firm/Company
87745 Overseas Highway Apt. 1
ISLamorada, FLORIDA 33036 City/State and Zip Code
Sjean 126 @ amail · Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Savara Jean Wilson at (404) 769-7510 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{Status} \text{Certified Copy} \text{Certified Copy} \text{Certified Copy} \text{Certified Copy} \text{(additional copy is enclosed)}
Mailing Address New Filing Section Street Address New Filing Section

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			HED
The name of the Limited Liability	Company is:		15.00-
			15 OCT -9 PMII: 08
Sandr	ra Jean Studi	O LLC.	<u> </u>
(Must end wi	th the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")	TALLA AASSEE, FLARIDA
A SHOWLOW TO BY A B.L.			THE FLARIDA
ARTICLE II - Address: The mailing address and street address	ress of the principal office of	the Limited Liability Company is:	
Principal:	Office Address:	Mailing Addre	<u>:ss</u> :
87745 Over	seas Highway	87745 Overseus Hi Apt 1 Islamorada, FL	ighway.
	1, FL 33036	18tamoraga, FL	3505C
another business entity with an act	nnot serve as its own Registe ive Florida registration.)	red Agent. You must designate an indi	ividual or
The name and the Florida street ad-	_		
	Sandra Jea	in Wilson	
•	Name		
-	87745 ONEVSEAS Florida street address (P.O. E	Highway Apt 1	
	Talamorada	FL 33036	
-	City St	FL 33036 ate Zip	
place designated in this certificate, I h further agree to comply with the prov	hereby accept the appointment visions of all statutes relating to tations of my position as regist Registered Age	occss for the above stated limited liability as registered agent and agree to act in the proper and complete performance agent as provided for in Chapter (ent's Signature (REQUIRED)	n this capacity. I e of my duties, and I
	(CON	TINUEDY	

Page 1 of 2

MBR" = Authorized Member IGR" = Manager	
	Sandra Jean Wilson
	87745 Overseas Highway Aptl
	Islamorada, FL 330310
ive date is listed, the date must be specif iling.)	filing: (OPTIONAL) fic and cannot be more than five business days prior to or 90 or
V: Effective date, if other than the date of ive date is listed, the date must be specifiling.) e date inserted in this block does not meent's effective date on the Department of	fic and cannot be more than five business days prior to or 90 of the applicable statutory filing requirements, this date will not be
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