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Certified Copies	Certificates of Status
Special Instructions to F	Filing Officer
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T SCHROEDER

Advanced Incorporating Service, Inc.

1317 California Street P.O. Box 20396 Tallahassee, FL 32316 Phone: 850-222-CORP Fax: 850-575-2724 Email: orders@aisincfl.com Website: www.aisincfl.com

910 Sandpiper, LLC	
	FOR OFFICE USE ONLY
PICK ONE:	
CERTIFIED COPYPHO	TOCOPYC.U.S.
FILING:	
CORPORATIONLLCLIMITED PARTN	NERSHIPGENERAL PARTNERSHIP
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Amount of Documents	
DATE ///3//5	TIME
Notes:	

AKTICLES OF ORCANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

910 Sandpiper LLC			
(Must end wit	th the words "Limited	Liability Company,	"L.L.C.," or "Ll.C.")
RTICLE II - Address:			
he mailing address and street add	ress of the principal o	ffice of the Limited I	iability Company is:
Principal :	Office Address:		Mailing Address:
1013 Palmar De Ays D	rive	1013	Palmar De Ays Drive
Vern Beach, Fl. 32963		Vero	Bench, FL 32963
RTICLE III - Registered Agent he Limited Liability Company of	annot serve as its own	& Registered Agent	
RTICLE III - Registered Agent The Limited Liability Company or nother business entity with an act he name and the Florida street ad	annot serve as its own live Florida registration dress of the registered	& Registered Agent Registered Agent, Y	's Signature:
RTICLE III - Registered Agent The Limited Liability Company or nother business entity with an act he name and the Florida street ad	annot serve as its own ive Florida registration	& Registered Agent Registered Agent. Y on.) d agent are:	's Signature:
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RTICLE III - Registered Agent Flee Limited Liability Company can nother business entity with an act the name and the Florida street ad-	annot serve as its own live Florida registration dress of the registered Mark Justice	& Registered Agent Registered Agent. Y on.) d agent are: Name	's Signature: ou must designate an individual or

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 I of 2

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Mark Justice 1013 Palmar De Ays Drive Vero Beach, FL 32963 IGR Tiffany Justice 1013 Palmar De Ays Drive Vero Beach, FL 32963 Jse attachment if necessary) V: Effective date, if other than the date of filing: (OPTIONAL) If the date is listed, the date must be specific and cannot be more than five business days prior to or 90 days of filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list ent's effective date on the Department of State's records. VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in/accordance with section 605 0203 (1) (b), Florida Statutes.	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