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## **COVER LETTER**

	stration Section ion of Corporations			
SUBJECT:	SANDYPIPE LLC			
SUBJECT: SANDY PIPE LLC  Name of Limited Liability Company				
The enclosed A	Articles of Organization and fce(s) are submitted fo	or filing.		
Please return al	all correspondence concerning this matter to the fol	lowing:		
	JOSEPH MULLE	-N		
	Name of Po	erson		
	Firm/Com	pany		
		•		
	284 13th 5t N. Addres	s		
******	St Petersburg FC : City/State and in january - 96@ hoto E-mail address: (to be used for future and	33705		
	City/State and	Zip Code		
	E-mail address: (to be used for future and	nual report notification)		
For further inform	rmation concerning this matter, please call:			
7	Name of Person Area Code	643 - 8688  Daytime Telephone Number		
Enclosed is a ch	check for the following amount:			
\$125.00 Filing	Certificate of Status Certified	Filing Fcc & \$160.00 Filing Fcc, Copy Certificate of Status & Certified Copy (additional copy is enclosed)		
		treet Address		
		ew Filing Section ivision of Corporations		
	P.O. Box 6327 C	lifton Building		
	Tallahassee, FL 32314 26	661 Executive Center Circle		

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	FILED
The name of the Limited Liability Company is:	16 APR -4 PH 2: 05
Sandypipe LLC	SECRETARY OF STATE
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	SECRETARY OF STATE FALLAHASSEE FLORIDA
ADDICE	

## **ARTICLE 11 - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

<b>Principal Office Address:</b>	Mailing Address:
284 /3th 5+ N	284 13th St N
5+ Petersburg, FC 33705	51. Petersburg fr 33705

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Joseph Mu Name	llen			
Name	• ,			
_ 284 13th s.	r N			
Florida street address (P.O. Box NOT acceptable)				
St Petersbury, PC City State	33705			
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

The name and address of each person as	uthorized to manage and control the Limited Liability Company.
Title:  "AMBR" = Authorized Member  "MGR" = Manager  MGR" = K	Name and Address:  SECRETARY OF STATE TALLAHASSEE FLORIDA  284 134 STA
MGR	St Petersburg, FC 33705  Peter Mullen  211 Bradford St #2  Promyn cetown, MA 02657
date of filing.)	pecific and cannot be more than five business days prior to or 90 days aft meet the applicable statutory filing requirements, this date will not be listed
TICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	n M
Signature.	
Signature of a m This document is exect I am aware that any fals constitutes a third degree	nember or an authorized representative of a member.  uted in accordance with section 605.0203 (1) (b), Florida Statutes.  se information submitted in a document to the Department of State ee felony as provided for in s.817.155, F.S.  OSELL Mullen  Typed or printed name of signee