## POP811000111

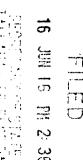
(Re	equestor's Name)	· · · · · · · · · · · · · · · · · · ·
(Ac	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificate:	s of Status
Special Instructions to	Filing Officer:	

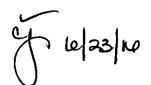
Office Use Only



800286855118

06/16/16--01015--006 \*\*130.00





## COVER LETTER

	Registration Division of	on Section Corporations			
SUBJEC		astle Custom Homes, LLC	·		
SOBOLO		Name of	Limited Liability Company		
The enclo	sed Article	es of Organization and fee(s)	are submitted for filing.		
Please ret	urn all con	respondence concerning this	matter to the following:		
	David D	viFabio			
			Name of Person		
			Firm/Company		
	135 Jeni	kins St #105B			
			Address	<del>.</del>	
	St Augu	stine FL 32086			
	david@sa	indcastlecustomhomes.com	City/State and Zip Code		
		E-mail address: (to be us	sed for future annual report notificati	ion)	
For further	informatio	n concerning this matter, ple	ease call:		
	David D	Fabio at	904 5408679		
	1	Name of Person	Area Code Daytime Telephon	e Number	
Enclosed	is a check	for the following amount:			
<b>]\$</b> 125.00 F	Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Ne Di P.e	ailing Address Ew Filing Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Street Address New Filing Section Division of Corporati Clifton Building 2661 Executive Cente Tallahassee, FL 3230	er Circle	THO D

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	•			FILED
The name of the Limited Liabil	ity Company is:			16 JUN 16 PH 2: 36
Sandcastle Custom				OT COLLARS OF STATE
(Must end	with the words "Limited	d Liability Company	y, "L.L.C.," or "LLC.")	jet jaktes 11,5±k dude
ARTICLE II - Address: The mailing address and street a	address of the principal o	office of the Limited	Liability Company is:	
<u>Princi</u>	oal Office Address:		Mailing Addi	ress:
135 Jenkins St			Jenkins St	
#105B St Augustine FL 320	204	#10	5B Augustine FL 32086	
(The Limited Liability Compananother business entity with an The name and the Florida street	active Florida registratio	on.)		
		Name		
	4721 E Moody Blvd	#406		
	Florida street addres		cceptable)	
	Bunnell	FL	32110	
	City	State	Zip	
Having been named as registered place designated in this certificate further agree to comply with the p am familiar with and accept the o	, I hereby accept the app rovisions of all statutes r	ointment as register elating to the proper	ed agent and agree to act r and complete performan	in this capacity. I ce of my duties, and I

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Mo	Name and Address:
"MGR" = Manager	n Halatt
MGR	David DiFabio 135 Jenkins St #105B
	St Augustine FL 32086
	Di Augustino i il Sesso
(Use attachment if necessa RTICLE V: Effective date, if other	n the date of filing: 06/10/2016 (OPTIONAL)
RTICLE V: Effective date, if othe an effective date is listed, the date date of filing.) ote: If the date inserted in this blo	ust be specific and cannot be more than five business days prior to or 90 days loes not meet the applicable statutory filing requirements, this date will not be list
RTICLE V: Effective date, if othe an effective date is listed, the date date of filing.)	ust be specific and cannot be more than five business days prior to or 90 days loes not meet the applicable statutory filing requirements, this date will not be list
RTICLE V: Effective date, if other an effective date is listed, the date date of filing.)  ote: If the date inserted in this blood document's effective date on the attricked with the date.	ust be specific and cannot be more than five business days prior to or 90 days loes not meet the applicable statutory filing requirements, this date will not be list
RTICLE V: Effective date, if other an effective date is listed, the date date of filing.)  ote: If the date inserted in this blood document's effective date on the stricke VI: Other provisions, if a A  REQUIRED SIGNATURE Sign This document is an award.	ust be specific and cannot be more than five business days prior to or 90 days loes not meet the applicable statutory filing requirements, this date will not be list
RTICLE V: Effective date, if other an effective date is listed, the date date of filing.)  ote: If the date inserted in this blood document's effective date on the stricke VI: Other provisions, if a A  REQUIRED SIGNATUR  Sign This document am award constitutes	does not meet the applicable statutory filing requirements, this date will not be list partment of State's records.  The of a member of an authorized representative of a member. It is executed in accordance with section 605.0203 (1) (b), Florida Statutes. It is any false information submitted in a document to the Department of State indicates in a provided for in s.817.155, F.S.
RTICLE V: Effective date, if other an effective date is listed, the date date of filing.)  ote: If the date inserted in this blood document's effective date on the effective date on the effective date.  REQUIRED SIGNATURES Signature of the date of the effective date on the effective date of the effective da	to specific and cannot be more than five business days prior to or 90 days loes not meet the applicable statutory filing requirements, this date will not be list partment of State's records.  The of a member of an authorized representative of a member.  It is executed in accordance with section 605.0203 (1) (b), Florida Statutes. It is any false information submitted in a document to the Department of State

ڊي

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)