Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000023

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Phone Fax Number

: (954)208-0845

**Enter the email address annual report mailings. Enter only one email address please

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for	this	business	entity	to	be	used	for	futi

Email Address:

FLORIDA LIMITED LIABILITY CO.

Quicksand Playground, LLC

Certificate of Status	0
Certified Copy	1
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Corporate Filing Menu

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12/14/11/

COVER LETTER

	Registration Section Division of Corporations	
SUBJEC'	Quicksand Playground, LLC	
SOBJEC.		imited Liability Company
The enclo	sed Articles of Organization and fee(s)	are submitted for filing.
Please ret	urn all correspondence concerning this	matter to the following:
		Name of Person
		Firm/Company
		Address
		City/State and Zip Code
	quicksandplayground@gmail.com	
For further	E-mail address: (to be us information concerning this matter, ple	ed for future annual report notification) asc call:
	at (
	Name of Person	Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:	
\$125,001	Filing Fee S130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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the words "Limited	d Liability Com	pany, "L.L.C.," or "LLC	: ")		
ss of the principal c	office of the Lin	nited Liability Company	is:		
Principal Office Address:			Mailing Address:		
#2407		1300 Brickell Bay Drive, #2407 Miami, FL 33131			
not serve as its own e Florida registration css of the registere	n Registered Agon.) d agent are:		an individual or	16 DEC 13	
	Name		سارة. مارك	<u> </u>	
			_ [S]	بو	
lorida street addre	ss (P.O. Box <u>N</u> e	DT acceptable)	골목	S	
Miami	Florida	33131			
City	State	Zip			
reby accept the appions of all statutes to tions of my position	pointment as respectating to the producting to the production of t	istered agent and agree proper and complete performed as provided for in Complete performed for in Complet	to act in this capacity rmance of my duties,	I	
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Page 1 of 2

Title: "AMBR" = Autho	rized Member	Name and Address:		
"MOR" = Manage				
AMBR		aSquared Labs, LLC		
		1300 Brickell Bay Drive, #2407		
		Miami, FL 33131		
				
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