

Division of Corporations

Page 1 of 1

US000057031

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H18000073500 3)))



H180000735003ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
Account Number : 075350000353  
Phone : (800) 221-2972  
Fax Number : (888) 692-9256

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

RECEIVED

2018 MAR -7 PM 4:42

DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

FLORIDA LIMITED LIABILITY CO.  
SANDERS TEAM, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

18 MAR 7 14:11:27

41:017 1-07181

Electronic Filing Menu

Corporate Filing Menu

Help



March 7, 2018

FLORIDA DEPARTMENT OF STATE

BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC

SUBJECT: SANDERS TEAM, LLC  
REF: W18000022067

We have received your document for SANDERS TEAM, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

PLEASE REFAX WITH THE DOCUMENTS PRINTED ON AS PORTRAIT FORM, NOT LANDSCAPE.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Keyna E Page  
Regulatory Specialist II

FAX Aud. #: H18000073500  
Letter Number: 718A00004622

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Sanders Team, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

404 Kelly Plantation Drive, Unit 406  
Destin, FL 32541

Mailing Address:

404 Kelly Plantation Drive, Unit 406  
Destin, FL 32541

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:

Alison Sanders

Name

404 Kelly Plantation Drive, Unit 406

Florida street address (P.O. Box **NOT** acceptable)

Destin

FL

32541

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)

18 MAR - 7 03:10:16  
NOTARIES PUBLIC

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Alison Sanders

404 Kelly Plantation Drive, Unit 406

Destin, FL 32541

AMBR

Bobby Sanders

404 Kelly Plantation Drive, Unit 406

Destin, FL 32541

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED 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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Alison Sanders

Typed or printed name of signee

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)