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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer Raymond CAVE
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COVER LETTER

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TO:	New Filing Section Division of Corporations
SUBJEC	Sailfish Landworks LLC.
SUBJEC	Name of Limited Liability Company
The encl	osed Articles of Organization and fee(s) are submitted for filing.
Please re	turn all correspondence concerning this matter to the following:
	Raymond Nicholas
	Name of Person
	Sailfish Landworks LLC.
	Firm/Company
	5000 Se Federal Hwy #210
	Address
	Stuart/FI 34997
	City/State and Zip Code Raynichrpn@gmail.com
	E-mail address: (to be used for future annual report notification)
For furthe	r information concerning this matter, please call:
	Raymond Nicholas 785 2801621
	Name of Person Area Code Daytime Telephone Number
Enclosed	Lis a check for the following amount:
	Filing Fee S130.00 Filing Fee & S160.00 Filing Fee. Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed) S160.00 Filing Fee. Certified Copy (Certified Copy (additional copy is enclosed))
	Mailing Address New Filing Section Street Address New Filing Section

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Sailfish Landwork				·	
(Mus	t contain the words "Limited	I Liability Company, '	"L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and st	reet address of the principal	office of the Limited	Liability Company is:		
<u>Pr</u>	incipal Office Address:		Mailing Addres	<u>ss</u> :	
5000 Se Federal I	Hwy #210	5000	5000 Se Federal HWY #210		
Stuart, FI		Stuart	, FI		
34997		34997	·		
	Raymond Nicholas 5000 Se Federal HWY	Name		,—,	一一
		ess (P.O. Box <u>NOT</u> ac	eceptable)	9	H 9: 17
	Stuart	FI	34997	。	
	City	State	Zip	•	
	tered agent and to accept ser	vice of process for the	above stated limited liabilited agent and agree to act in		

Title: "AMBR" = Authorized Member	Name and Address:			
"MGR" = <u>Manager</u>	Raymond Micholas			
(Use attachment if necessary)				
	date of filing: January 1. 2019 (OPTIONAL) e specific and cannot be more than five business days prior to or 90 o			
Tective date is listed, the date must b				
of filing.)	not meet the applicable statutory filing requirements, this date will not			
e <mark>of filing.)</mark> If the date inserted in this block does t				
e of filing.) If the date inserted in this block does rument's effective date on the Departn	not meet the applicable statutory filing requirements, this date will not beent of State's records.			
e of filing.) If the date inserted in this block does rument's effective date on the Departn				
e of filing.)				

Raymond Nicholas

Typed or printed name of signee

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.

Tam aware that any false information submitted in a document to the Department of State

Filing Fees:

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

constitutes a third degree felony as provided for in s.817.155, F.S.

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