## 90000245

(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:

Office Use Only

JAN 0 4 2018





100322799021

2019 JAN -4 PH 2: 11

01/04/19--01005--024 \*\*130.00

## COVER LETTER

TO: New Filing Section Division of Corporations	
Samo	MAID L.L.C
SUBJECT: SANDY S	imited Liability Company
The enclosed Articles of Organization and fee(s) a	are submitted for filing.
Please return all correspondence concerning this n	natter to the following:
SANDRA	1 70000
	Name of Person
2119 WEMB	LEY WAY.
	Address
	0. 7-2 46
TAllAHASSEE	City/State and Zip Code
SAZWAR	O GMAIL COM
	ed for future annual report notification)
For further information concerning this matter, plea	se call:
50,040 FC.0700	850, ZGA 4251
	Area Code Daytime Telephone Number
	·
Enclosed is a check for the following amount:	
S125.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee. Certified Copy (additional copy is enclosed) \$160.00 Filing Fee. Certified Copy (additional copy is enclosed)
Mailing Address	Street Address
New Filing Section	New Filing Section
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
SANDT'S MA	22 011
(Must contain the words "Limited Liability C	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of th	e Limited Liability Company is:
Principal Office Address:	Mailing Address:
ZII9 WEMBLET WAT. TAHAHASSE FC 32308.	SAME.
ARTICLE III - Registered Agent, Registered Office, & Regist (The Limited Liability Company cannot serve as its own Registere another business entity with an active Florida registration.)	ered Agent's Signature: ed Agent. You must designate an individual or
The name and the Florida street address of the registered agent are	
ASOUAC	TOCERO.
Name	
こいり WENG CE Florida street address (P.O. B	DX NOT acceptable)
TAMAHASSEE F	C 31308.
City Sta	

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.

SANDRA FORRO
Registered Agent's Signature (REQUIRED)

(CONTINUED)

2019 JAN -4 PH 2: 11

Title;	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	SANDRA FORERO
	SILA MENSIEL MAI
•	TAMAHA TSEE FC. 32309.
AMBR.	LEGHARDO FORFRE
	TAW TOURNSUN PILS
	TAILAMASSEE FL 32703.
EV: Effective date, if other than the dat ective date is listed, the date must be sp	e of filing:, (OPTIONAL) pecific and cannot be more than five business days prior to or 90 d
ective date is listed, the date must be sp of filling.)	meet the applicable statutory filing requirements, this date will not b
E V: Effective date, if other than the date ective date is listed, the date must be spot filling.) the date inserted in this block does not ment's effective date on the Departmen	meet the applicable statutory filing requirements, this date will not b
E V: Effective date, if other than the date ective date is listed, the date must be spot filling.) the date inserted in this block does not ment's effective date on the Departmen	meet the applicable statutory filing requirements, this date will not b
EV: Effective date, if other than the date ective date is listed, the date must be specifiling.) the date inserted in this block does not ment's effective date on the Department EVI: Other provisions, if any.  REQUIRED SIGNATURE:	meet the applicable statutory filing requirements, this date will not be to f State's records.
EV: Effective date, if other than the date ective date is listed, the date must be specifically be date inserted in this block does not ment's effective date on the Department EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a name of the document is executed any same and the document is executed and aware that any fall.	meet the applicable statutory filing requirements, this date will not be to f State's records.  Tember or an authorized representative of a member, uted in accordance with section 605.0203 (1) (b). Florida Statutes, see information submitted in a document to the Department of State
E V: Effective date, if other than the date etive date is listed, the date must be specifiling.) the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any.  REOURED SIGNATURE:  Signature of a nather that any false constitutes a third degree.	meet the applicable statutory filing requirements, this date will not be to f State's records.  The member of an authorized representative of a member, and accordance with section 605.0203 (1) (b). Florida Statutes.

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