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(Re	questor's Name)			
(Ad	dress)	<u></u>		
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(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
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(Document Number)				
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COVER LETTER

	ew Filing Section ivision of Corporations		
SUBJECT	Sandbar Trips, LLC		
SUBJECT	Name of Limited Liability Company		
The enclos	ed Articles of Organization and fee(s) are submitted for filing.	
Please retu	rn all correspondence concerning this	s matter to the following.	
	Andrew C. Bangsberg		
		Name of Person	
	Sandbar Trips, LLC		
		Firm/Company	
	1200 4th Street #189		
		Address	
	Key West, Florida 33040		
	andrewbangsberg@yahoo.com	City/State and Zip Code	
<u>-</u>		ised for future annual report notification)	
For further in	nformation concerning this matter, pl	ease call:	
	Paul S. Mills, CPA	305 294-3699	
	Name of Person	Area Code Daytime Telephone Number	
Enclosed is	a check for the following amount:		
\$125.00 Fi	-		
	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

Sandbar Trips LL	.C			
(Must c	contain the words "Limited	Liability Company,	'L.L.C.," or "LLC.")	
ARTICLE II - Address:				
he mailing address and stre	et address of the principal	office of the Limited	Liability Company is:	
Principal Office Address:			Mailing Address:	
1200 4th Street #189		1200	1200 4th Street #189	
Kev West, FL 33040		Key '	Key West, FL 33040	
	Agent, Registered Office			
	any cannot serve as its ow an active Florida registrati eet address of the registere	n Registered Agent, Yon.)	t's Signature: 'ou must designate an individual o	
The Limited Liability Comp nother business entity with	any cannot serve as its ow an active Florida registrati	n Registered Agent. Y ion.) rd agent are:		
The Limited Liability Comp nother business entity with	any cannot serve as its ow an active Florida registrati eet address of the registere	n Registered Agent, Yon.)		
The Limited Liability Comp nother business entity with	any cannot serve as its ow an active Florida registrati eet address of the registere	n Registered Agent. Y ion.) rd agent are:		
The Limited Liability Comp nother business entity with	eany cannot serve as its ow an active Florida registrative eet address of the registere Paul S. Mills, CPA	n Registered Agent. Y ion.) rd agent are:	ou must designate an individual of	
The Limited Liability Comp nother business entity with	eany cannot serve as its ow an active Florida registrative eet address of the registere Paul S. Mills, CPA	n Registered Agent. Yoon.) ed agent are: Name	ou must designate an individual of	

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..

Pal D MIL CPA

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager <u>AMBR</u>	Andrew C. Bangsberg 1200 4th Street #189 Kev West, FL 33040
(Use attachment if necessary)	
If an effective date is listed, the date must be specifi he date of filing.)	illing: (OPTIONAL) ic and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed as tate's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
	er or an authorized representative of a member.

Filing Fees:

Typed or printed name of signee

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)