(Re	equestor's Name)	
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2019 JUL - 1 AM 8: 38
SECRETARY OF STATE

COVER LETTER *

TO:	New Filing Section Division of Corporations		·	,
SUBJEC	SANDY ANCHOR, LLC			
300,000		of Limited Liabil	lity Company	
The encl	osed Articles of Organization and fee	(s) are submitted	l for filing.	
Please re	turn all correspondence concerning th	his matter to the	following:	
	Peter VanRysdam			
		Name of	f Person	
		Firm/Co	onipany	
	14636 NW 27th Place			
		Addı	ress	
	Newberry, Florida 32669			
	sandyanchorcondo@gmail.com	City/State ar	nd Zip Code	
	E-mail address: (to be	used for future	annual report notificati	on)
For furthe	r information concerning this matter,	please call:		
	Peter VanRysdam	(352) at (262-9464	
	Name of Person		Daytime Telephone	e Number
Enclosed	l is a check for the following amount:			
\$125.00	Filing Fee S130.00 Filing Fee Certificate of Statu	ıs LLCertifi	00 Filing Fee & [ied Copy all copy is enclosed)	\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address		Street Address	
	New Filing Section		New Filing Section	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

SANDY ANCHOR, LLC	
(Must contain the words "Limited Liabi	ility Company. "L.L.C.," or "LLC.")
E II - Address: ng address and street address of the principal office	of the Limited Liability Company is:
	of the Limited Liability Company is: <u>Mailing Address</u> :
ng address and street address of the principal office Principal Office Address:	
ng address and street address of the principal office	Mailing Address:

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:

Peter VanRysdam		
	Name	-
14636 NW 27th Place		
Florida street addre	ss (P.O. Box <u>NOT</u> ac	cceptable)
Newberry	FL	32669
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 standars relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my population as registered agent as provided for in Chapter 605. F.S..

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:

"AMBR" = Manager MGR	<u>Title:</u>		Name and Address:	
### Peter VanRysdam 14636 NW 27 in Place		:d Member		
(Use attachment if necessary) RTICLE V: Effective date, if other than the date of filing: f an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after to date of filing.) fote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ne document's effective date on the Department of State's records. RTICLE 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. \$17.155, F.S.			Peter VanRysdam	
(Use attachment if necessary) RTICLE V: Effective date, if other than the date of filing:	WOIX	_		
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Typed or printed name of signee		Vala	11, 17 1	
		lete/	Van Kus kan	

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)