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(City/State/Zip/Phone #)	300333795353 09/05/1901011017 ++150.00
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COVER LETTER

TO:	New Filing Section
	Division of Corporations

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Sandpebble 305, LLC

SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Georgia Evaul

Name of Person

Firm/Company

8551 W Sunrise Blvd. Suite 200

Address

Plantation, Florida 33322

City/State and Zip Code

Georgia@gandecpa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

P.O. Box 6327

Tallahassee, FL 32314

305 308-3626 Georgia Evaul at (Area Code Daytime Telephone Number Name of Person Enclosed is a check for the following amount: \$155.00 Filing Fee & \$160.00 Filing Fee, \$130.00 Filing Fee & \$125.00 Filing Fee Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Street Address Mailing Address New Filing Section **New Filing Section Division of Corporations Division of Corporations Clifton Building**

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:

Sandpebble 305,LLC

(Must contain 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:	Mailing Address:
8551 W Sunrise Blvd. Suite 200	8551 W Sunnse Blvd. Suite 200
Plantation, Florida 33322	Plantation, Florida 33322

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:

Scott Evaul		
	Name	
8551 W Sunrise Blvd. Se	uite 200	
Florida street addres	s (P.O. Box NOT ac	ceptable)
Plantation	Florida	33322
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)

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ARTICLE IV-

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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 MGR	Scott Evaul	_
	8551 W Sunrise Blvd. Suite 200	_
	Plantation, Florida 33322	
MGR	Georgia Evaul	_
	8551 W Sunrise Blvd. Suite 200	_
	Plantation, Fiorida 33322	

(Use attachment if necessary)

__. (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: (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:
	811
	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.
	constitutes a unito degree reiony as provided for in stativities, r.e.
	Scott Evaul

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)