L20000041664

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

Office Use Only



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COVER LETTER

то:	New Filing Sec Division of Cor				
etib ti		estments, LLC			
SUBJI	·C1:	Name of Lin	ited Liability (Company	
The en	closed Articles of	Organization and fee(s) are	submitted for	filing.	
Please	return all correspo	ondence concerning this ma	tter to the follo	wing:	
	Lee Koepke	. Jr			
			Name of Per	son	
			Firm/Compa	any	
	522 Balcom	Terrace SE			
	•		Address		
	Palm Bay, F	I. 32909			
			ity/State and Zi	p Code	
	lckii2017@gi				
	ı	E-mail address: (to be used	for future annu	al report notificati	on)
For furth	ner information co	ncerning this matter, please	call:		
	Lee Koepke	32 at (23-7216	
	Nam			Daytime Telephon	e Number
Enclos	ed is a check for t	he following amount:			
□\$12.	5.00 Filing Fce	■\$130.00 Filing Fee & Certificate of Status	Certified C	Filing Fee & Copy opy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

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

Street Address

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

OZO JAN 21 AH 7:3 BECRETARY OF STAT

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:							
The name of the Limited Liability	Company is:						
Sandl. Investments, I		<u> </u>	<u></u>				
(Must conatin the words "Limited Liability Company, "L.L.C.," or "LLC.")							
ARTICLE II - Address:							
The mailing address and street ad	dress of the princip	al office of the L	imited Liability Company is:				
<u>Principa</u>	l Office Address:		<u>Mailing Address:</u>				
522 Balcom Terrace SE			522 Balcom Terrace SE				
Palm Bay, FL 32909 Palm Bay, FL 32909							
ARTICLE III - Registered Age							
(The Limited Liability Company	cannot serve as its c	own Registered A	gent. You must designate an individ	lual or			
another business entity with an a	ctive Florida registr	ation.)					
The name and the Florida street address of the registered agent are:							
Lee Koepke, Jr							
Name							
522 Balcom Terrace SE							
Florida street address (P.O. Box NOT acceptable)							
	Palm Bay	Fl.	32909				

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..

State

Zip

City

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	Lee Koepke, Ir 522 Balcom Terrace SE
	Palm Bay, FL 32909
MGR	Stacy Koepke
	522 Balcom Terrace SE Palm Bay, FL 32909
(Use attachment if necessary)	
•	
	e date of filing: (OPTIONAL)
(11 an effective date is listed, the date must i the date of filing.)	be specific and cannot be more than five business days prior to or 90 days after
	not meet the applicable statutory filing requirements, this date will not be listed as
the document's effective date on the Departi	ment of State's records.
ARTICLE VI: Other provisions, if any,	
The state of the s	
· -·· -··	<u> </u>
REQUIRED SIGNATURE:	
	Ka: -
	100
Signature of This document is a	a member or an authorized representative of a member. 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 d	degree felony as provided for in s.817.155, F.S.
LEE	Typed or printed name of signee
	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)

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