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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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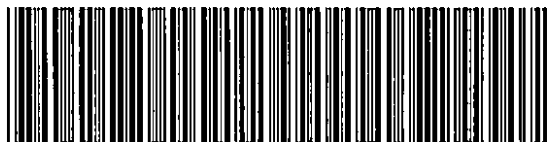
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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MAY 22 2020  
FALLS CHURCH, VA

2020 MAY 22 PM 2:56

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT: SANDY BEACH VACAY, LLC**

\_\_\_\_\_  
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:

SANDRA A. McKNIGHT

\_\_\_\_\_  
Name of Person

SANDY BEACH VACAY, LLC

\_\_\_\_\_  
Firm/Company

14201 NW 174th Ave.

\_\_\_\_\_  
Address

Alachua, FL 32615

\_\_\_\_\_  
City/State and Zip Code

sandyhampton@gmail.com

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

For further information concerning this matter, please call:

Sandra A. McKnight

386

479-8748

at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy 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 of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF ORGANIZATION**

**OF**

**SANDY BEACH VACAY, LLC**

**ARTICLE I**

**NAME**

**SANDY BEACH VACAY, LLC.**

**ARTICLE II**

**ADDRESS**

The mailing address of the Limited Liability Company's principal office is 14201 NW 174<sup>th</sup> Ave., Alachua, FL 32615.

The street address of the Limited Liability Company's principal office is 14201 NW 174<sup>th</sup> Ave., Alachua, FL 32615.

**ARTICLE III**

**DURATION**

The period of duration for the Limited Liability Company shall be perpetual.

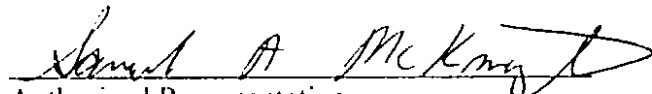
**ARTICLE IV**

**MANAGEMENT**

The managing member who is designated by the member(s) as the manager shall carry out and further the decisions and action of the member(s) made under the Operating Agreement and

shall be authorized to execute any and all reports, forms, instruments, document, papers, writings, agreements, and contracts, including but not limited to deeds, bills of sale, assignments, leases, promissory notes, mortgages, and security agreements and any other type or form of document by which property or property rights of the Company are transferred or encumbered, or by which debts and obligations of the Company are created, incurred, or evidenced, that are necessary, appropriate, or beneficial to carry out or further those decisions or actions.

In accordance with Chapter 605, Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

  
Authorized Representative

CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE

UNDER THE PROVISIONS OF F.S. 605.0201, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

The name of the limited liability company is **SANDY BEACH VACAY, LLC.**

The name and the Florida street address of the registered agent are:

Sandra A. McKnight  
14201 NW 174<sup>th</sup> Ave.  
Alachua, FL 32615

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.

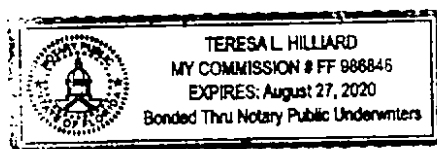
SANDY BEACH VACAY, LLC

Sandra A. McKnight  
SANDRA A. McKNIGHT,  
Registered Agent

2020 MAY 22 PM 2:56  
FALL GUEST

STATE OF FLORIDA  
COUNTY OF ALACHUA

The foregoing instrument was acknowledged before me, by means of ☒ physical presence or ☐ online notarization, this 7th day of May 2020, by SANDRA A. McKNIGHT, who is personally known to me or who produced \_\_\_\_\_ as identification and who did not take an oath.



Teresa L. Hilliard  
Notary Public

Teresa L. Hilliard  
Notary printed name