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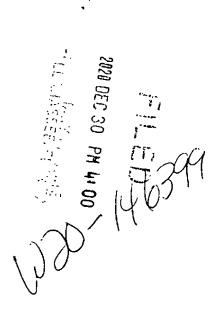
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FLORIDA DEPARTMENT OF STATE Division of Corporations

December 29, 2020

CORPORATE ACCESS

TALLAHASSEE, FL

SUBJECT: SANDWICH WALK FLORIDA, LLC

Ref. Number: W20000146399

We have received your document for SANDWICH WALK FLORIDA, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tammi Cline
Regulatory Specialist II Supervisor

for its

Letter Number: 220A00026176

n and tail

COVER LETTER

	ew Filing Section livision of Corporations		
SUBJECT	Sandwich Walk Florida, LLC		
30 DJEC		f Limited Liability Company	
The enclos	ed Articles of Organization and fee	(s) are submitted for filing	
	rn all correspondence concerning th	_	
	PHILLIP B. RARICK	To a stage	
		Name of Person	
	RARICK & BESKIN, P.A.		
		Firm/Company	
	6500 COWPEN ROAD, SUITE 20	04	
		Address	
	MIAMI LAKES, FL 33014		2028
	PRARICK@RARICKLAW.COM	City/State and Zip Code	B
-	<u>-</u>	used for future annual report notification)	<u> </u>
or further in	iformation concerning this matter, p		PM 4: 00
	PHILLIP B. RARICK	305 556-5209	# 00
	Name of Person	Area Code Daytime Telephone Num	nber
Enclosed is	a check for the following amount:		
■ \$125.00	•	Certified Copy C (additional copy is enclosed)	IS160.00 Filing Fee, ertificate of Status & ertified Copy litional copy is enclosed)
	Mailing Address New Filing Section	Street Address New Filing Section Division	

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassec, Fl. 32314

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

(Must cont	ain the words "Limited Li	iability Company.	"L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ac	Idress of the principal off	ice of the Limited	Liability Company is:	
<u>Principa</u>	il Office Address:		Mailing Address:	
8467 Crystal Cove	Loop	PO B	30x 44	
Kissimmee, FL, 34	747		vale. NH 03845	
The Limited Liability Company i	cannot serve as its own R	egistered Agent, Y	t's Signature: 'ou must designate an individual o	 r
The Limited Liability Company on other business entity with an ac	cannot serve as its own R ctive Florida registration.	egistered Agent, \)	ou must designate an individual of	2020
The Limited Liability Company on other business entity with an ac	cannot serve as its own R ctive Florida registration.	egistered Agent, \)	ou must designate an individual of	2020
The Limited Liability Company on other business entity with an ac	cannot serve as its own Retive Florida registration. ddress of the registered at Rarick & Beskin, P.A.	egistered Agent, \)	ou must designate an individual or	2020 DEC 30
The Limited Liability Company on their business entity with an ac	cannot serve as its own Retive Florida registration. ddress of the registered at Rarick & Beskin, P.A.	egistered Agent, \) gent are: Name	ou must designate an individual or	2020 DEC 30
The Limited Liability Company on other business entity with an ac	cannot serve as its own Retive Florida registration. ddress of the registered at Rarick & Beskin, P.A.	egistered Agent, Y) gent are: Name uite 204	ou must designate an individual or	2020 DEC 30
ARTICLE III - Registered Age The Limited Liability Company inother business entity with an ac The name and the Florida street a	cannot serve as its own Retive Florida registration. ddress of the registered as Rarick & Beskin, P.A.	egistered Agent, Y) gent are: Name uite 204	ou must designate an individual or	2020 DEC 30 PM

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)

ARTICLE IV-

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

Tit	<u>e:</u> ABR" = Authorized Member	Name and Address:
	GR" = Manager	
	IGR	Tracy Steele
_		PO Box 44
		Intervale, NH 03845
М	GR	Patrick McCusker
<u></u>		PO Box 44
		Intervale, NH 03845
_		
(Us	e attachment if necessary)	
	•	1 1 2021
ARTICLE V	: Effective date, if other than the date of f	filing: January 1, 2021 (OPTIONAL) ic and cannot be more than five business days prior to or 90 days after
the date of fil		ic and cannot be more than five business days prior to or 90 days after
Note: If the	date inserted in this block does not meet	the applicable statutory filing requirements, this date will not be listed as
the documen	t's effective date on the Department of S	state's records.
ARTICLE V	l: Other provisions, if any.	
		
_		
RE	DUIRED SIGNATURE:	
	Tracy St	teele
	Signature of a memb	er or an authorized representative of a member.
	This document is executed in l am aware that any false inf	in accordance with section 605.0203 (1) (b). Florida Statutes. ormation submitted in a document to the Department of State
	constitutes a third degree fel	ony as provided for in s.817.155, F.S.

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 5.00 Certificate of Status (Optional)