

10/15/21, 6:47 AM

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : ANDREW J. BRITTON, P.A.
Account Number : I19990000131
Phone : (941)408-8008
Fax Number : (941)408-0722

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: LEGAL@ANDREWBRITTONLAW.COM

**FLORIDA LIMITED LIABILITY CO.
WHITE SAND SERVICES**

Certificate of Status	0
Certified Copy	0
Page Count	01 02
Estimated Charge	\$125.00

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ARTICLES OF ORGANIZATION OF LIMITED LIABILITY COMPANY

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

ARTICLE 1**Name**

The name of the Limited Liability Company is:

WHITE SAND SERVICES, LLC OF SARASOTA

ARTICLE 2**Address**

The mailing address and street address of the principal office of the Limited Liability Company is:

12300 Auburndale Court
Venice, FL 34293

ARTICLE 3**Registered Agent, Registered Office**

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

Mike Cutkomp
12300 Auburndale Court
Venice, FL 34293

ARTICLE 4**Management:**

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

Title	Name and Address
AMBR	Mike Cutkomp 12300 Auburndale Court Venice, FL 34293
AMBR	Carol Cutkomp 12300 Auburndale Court Venice, FL 34293

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IN WITNESS WHEREOF, I have signed these Articles of Organization as a member or as an authorized representative of a member and acknowledged them to be my act this 13th day of October, 2021.

Mike Cutkomp
Signature

MIKE CUTKOMP
Mike Cutkomp

2021 OCT 19 PM 12:28

STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

I hereby accept the designation as registered agent to accept service of process for the above stated limited liability company at the place designated in this statement. 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 under Chapter 605, Florida Statutes.

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this statement constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Mike Cutkomp
Mike Cutkomp
"Registered Agent"

Filing Fee: \$100.00 for Articles of Organization
\$25.00 for Designation of Registered Agent

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