

L220000318205

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

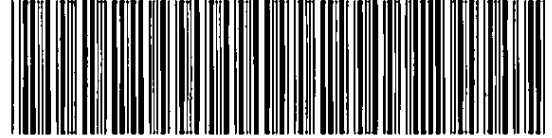
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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S. CHATHAM
JUL 20 2022

RECEIVED
2022 JUL 19 PM 3:50

RECEIVED
2022 JUL 19 PM 3:51
ALLAHASSEE, FL

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

Please sue funds from the account: 120210000160, AMOUNT: \$125.00

Authorized Signature: [Signature]

Sand Elements-1, LLC

Business

Document #

___ Walk in

___ Pick up time

___ Mail out

___ Will wait

___ Photocopy

___ Certified Copy of Articles of Organization

___ Certificate of Status

NEW FILINGS

___ Profit

___ Not for Profit

X Limited Liability

___ Domestication

___ Other

___ CORP

OTHER FILINGS

___ Annual Report

___ Fictitious Name

___ APOSTILLE ()

Country

EXAMINER'S INITIALS: _____

AMMENDMENTS

___ Amendment

___ Resignation of R.A. Officer/Director

___ Change of Registered Agent

___ Dissolution/Withdrawal

___ Merger

___ Conversion

___ Revocation

REGISTRATION/QUALIFICATIONS

___ Foreign filing

___ Limited Partnership

___ Reinstatement

___ Other

22 JUL 19 PM 3:59

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___ **Certified Copy of Articles of Organization**

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___ **Conversion**

___ **Revocation**

REGISTRATION/QUALIFICATIONS

___ Foreign filing

___ Limited Partnership

___ Reinstatement

___ Other

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COVER LETTER

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

SUBJECT: Sand Element-1, 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:

Christopher Paulick

Name of Person

Sand Element-1, LLC

Firm/Company

1200 Brickell Ave # 1950

Address

Miami, FL 33131

City/State and Zip Code

sandelement1@gmail.com

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

For further information concerning this matter, please call:

Christopher Paulick

305

501-1432

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Sand Element-1, 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:

1200 Brickell Ave #1950

Miami, FL 33131

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:

Christopher Paulick

Name

1200 Brickell Ave #1950

Florida street address (P.O. Box **NOT** acceptable)

Miami, FL 33131

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-

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

MGR

Christopher Paulick

1200 Brickell Ave #1950

Miami, FL 33131

AMBR

Alvaro Gilardo

1200 Brickell Ave #1950

Miami, FL 33131

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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:



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.

Christopher Paulick

Typed or printed name of signer

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)

22 JUL 19 PM 3:59
FILED
CLERK OF DISTRICT COURT
JUL 19 2022