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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : GOODING & BATSEL, PLLC
Account Number : I20220000007
Phone : (352)579-6537
Fax Number : (352)579-1289

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

Email Address: jgooding@lawyersocala.com

FLORIDA LIMITED LIABILITY CO.
Sandy Clay, LLC

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is:

Sandy Clay, LLC

ARTICLE II – Address:

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

Principal Office Address:

4349 SE 20th Street
Ocala FL 34471

Mailing Address:

4349 SE 20th Street
Ocala FL 34471

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:

Floyd S. Salser, III
Name

5025 NE 36th Avenue Road
Florida street address (P.O. Box is NOT acceptable)

Ocala, FL 34479
City, State, and 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.

DocuSigned by:

7A5E126F5643430

Registered Agent's Signature (REQUIRED)

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22 AUG 25 PM 12:35
SANDY CLAY, LLC
FLORIDA SECRETARY OF STATE

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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 Harvey W. Vandeven
1240 SE 12th Court
Ocala, FL 34471

MGR Matt Fabian
4349 SE 20th Street
Ocala, FL 34471

MGR Floyd S. Salser, III
5025 NE 36th Avenue Road
Ocala, FL 34479

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).

ARTICLE VI: Other Provisions, if any.

1. This is a manager-managed limited liability company.
2. These Articles can be amended by vote or written consent of the holders of a majority of the membership interests.

REQUIRED SIGNATURE:


 Signature of a member or an authorized representative of a member.

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

Floyd S. Salser, III, as Member or Authorized Representative of a Member
 Typed or printed name of signee

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 CLERK OF CIRCUIT COURT
 IN AND FOR THE
 COUNTY OF ALACHUA
 FLORIDA

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