## 123000438545

(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:	

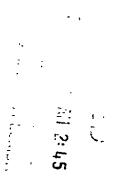
Office Use Only

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## COVER LETTER

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TO: New Filing Section

Division of Corporations			
SUBJECT: Sand So	et f and Slobber LLC of Limited Liability Company		
Name	of Limited Liability Company		
The enclosed Articles of Organization and fe	ets) are submitted for filling.		
Please return all correspondence concerning	this matter to the following:		
Audron	ius Ulozevicius Name of Person		
	Name of Person		
Sand Sur	Land Slobber LLC		
/	Uirm/Company		
ANIES 5-+ Co	contact the Dr. Ant: TC-DS		
alles Eus! Eu	untry Club Dr., April: TS-08		
Aventura, t	City State and Zip Code Convus pusa. net		
	City'State and Zip Code		
E-man address: Go r	e used for future annual report notification)		
For further information concerning this matter	. please call:		
A. Ulozevicius	at ( 917 ) 763-9520  Area Code Daytime Telephone Number		
Name of Person	Area Code Daytime Telephone Number		
Enclosed is a check for the following amoun	· · · · · · · · · · · · · · · · · · ·		
□\$125,00 Filing Fee S\$130,00 Filing Certificate of Sta	tus Certified Copy Certificate of Status & Cadditional copy is enclosed) Certified Copy (additional copy is enclosed)		
Mailing Address	Street Address		
New Filing Section Division of Corporations	New Filing Section Division The Centre of Tallahassee		
P.O. Box 6327	2415 N. Monroe Street, Suite 810		
Tallahassee, FL 32344	Fallahassee, FL 32303		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Sand Surf and - (Must contain the words "Limited Liability Con	slobber LLC
(Must contain the words "Limited Liability Cou	ppany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the 1.	imited Liability Company is:
Principal Office Address:	Mailing Address:

20185 E. Country Class Dr.,	20185 E. Country Clark Dr
Apt 75-08	AM. 75-08
Aventura, FL 33180	Avenfura, FL 33180

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:

Hudronius Ulozevicius

Name

20185 E. Country Club Dr., Apt. TS-08

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

Aventura FL 33180

Čity 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..

(CONTINUED)

## ARTICLE IV-

. . .

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

Title:	Name and Address:
"AMBR" = Authoriz	zed Member . •
"MGR" = Manager	Audronius Ulozevicius
MGR	nuaronas acozericias
	20185 E. Country Clar Dr., April 75- Aventura, FL 33180
	Aventura, FL 33/80
	•
	this block does not meet the applicable statutory filing requirements, this date will not be on the Department of State's records.
REQUIRED SIGN.	
	A. Wartio
Lam	Signature of a member or an authorized representative of a member, s document is executed in accordance with section 605,0203 (1) (b). Florida Statutes, a aware that any false information submitted in a document to the Department of State stitutes a third degree felony as provided for in s,817,155, F.S.
	Lyped or printed name of signee

as

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30,00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)