

3/19/24, 7:57 AM

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Division of Corporations
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H24000103950 3)))



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To:

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

From:

Account Name : COMITER & SINGER, LLP
Account Number : I20000000085
Phone : (561)626-4742
Fax Number : (561)626-4742

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

Email Address: Corporate@comitersinger.com

FLORIDA LIMITED LIABILITY CO.
Sandscope, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

FILED
2024 MAR 22 PM 4:31
TALLAHASSEE, FL

FILED
2024 MAR 22 PM 1:20
TALLAHASSEE, FL

Electronic Filing Menu

Corporate Filing Menu

Help

T. MATTHEWS

MAR 25 2024



REPLY TO:
REBECCA A. BYERS
Palm Beach Gardens Office
rbyers@comitersinger.com

DATE: March 22, 2024

TIME: 1:33 PM

OPERATOR SENDING FAX: Rebecca A. Byers, CP

TO: Florida Department of State

FROM: Andrew R. Comiter, Esq.

FAX: 850-617-6381

RE: Sandscope, LLC

NUMBER OF PAGES (including cover sheet): 5

Good afternoon:

I hope you're doing well! I submitted the enclosed Articles of Organization for Sandscope, LLC on March 19. I see that there was a rejection for this new LLC (Doc No. W24000044811). Our fax machine has been having technical difficulties, so we did not receive the rejection letter.

If you can please re-send the letter to me via email (rbyers@comitersinger.com) or fax (561-626-4742), I would greatly appreciate it.

I appreciate your prompt attention to this matter. Please do not hesitate to contact me at 561-626-2101 should you have any questions.

Thanks so much!
Rebecca A. Byers, CP

The information contained in this facsimile message is ~~attorney privileged~~ and confidential, intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copy of this communication is strictly prohibited. If you have received this communication in error, please immediately notify us by telephone (if long distance, please call collect), and return the original message to us at the above address via the U.S. Postal Service. Thank you.

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Sandscope, 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:

Andrew R. Comiter, Esq.

Name of Person

Comiter, Singer, Baseman & Braun, LLP

Firm/Company

3825 PGA Blvd., Suite 701

Address

Palm Beach Gardens, FL 33410

City/State and Zip Code

corporate@comitersinger.com

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

For further information concerning this matter, please call:

Rebecca Byers	561	626-2101
Name of Person	Area Code	Daytime Telephone Number

Enclosed is a check for the following amount:

<input type="checkbox"/> \$125.00 Filing Fee	<input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status	<input checked="" type="checkbox"/> \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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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

MAR 22 PM 1:20

ARTICLE I - Name:

The name of the Limited Liability Company is:

SECRETARY OF STATE
TALLAHASSEE, FLSandscope, 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:2000 Glades Road, Suite 212
Boca Raton, FL 334312000 Glades Road, Suite 212
Boca Raton, FL 33431

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:

J.P. Carolan, III, Esq.

Name

329 Park Avenue North, Second FloorFlorida street address (P.O. Box **NOT** acceptable)Winter ParkFL32789

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.

Designated by:

J. P. Carolan, III

Registered Agent's Signature (REQUIRED)

(CONTINUED)

DocuSign Envelope ID: C7947FD1-C56A-4242-AE34-C3CF97A76B50

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:Authorized RepresentativeJ.P. Carolan, III, Esq.329 Park Avenue North, Second FloorBoca Raton, FL 33431

(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:**

Digitally signed by:

J. P. Carolan, III

DN: cn=J.P. Carolan, III

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.J.P. Carolan, III, Authorized Representative

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)

\$ 5.00 Certificate of Status (Optional)