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PICK-UP WAIT MAIL	
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

SANDSPUR COLLE	ECTIVE, LLC	 '
Please Debit FCA0000	000003 For: 125	
Thank you Seth Neele	ev	
Staf		Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art. of Amend. File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
/		Officer Search
		Fictitious Search
Signature		Fictitious Owner Search
Signature //		Vehicle Search
		Driving Record
Requested by:		UCC For 3 File
Nome	Date Time	UCC Search
Name	Date Time	UCC 11 Retrieval
Walk-In	Will Pick Up	Courier

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liabili	ty Company is:			
SANDSPUR COLL	ECTIVE, LLC			
		Liability Comp	any, "L.L.C.," or "LI.C.")	_
ARTICLE II - Address: The mailing address and street a	ddress of the principal o	office of the Lin	nited Liability Company is:	
<u>Princip</u>	oal Office Address:		Mailing Address:	
3590 Valkaria Road	<u></u>		3590 Valkaria Road	
Malabar, FL 32950	Malabar, FL 32950		Malabar, FL 32950	
	Jennifer D. Peshke, I	Esq. Name		
The name and the Florida street				
		Name		
	956 20th Street			
	Florida street addres	s (P.O. Box <u>N</u> C	IT acceptable)	
	Vero Beach	FL	32960	
	City	State	Zip	
place designated in this certificate further agree to comply with the p	t, I hereby accept the app rovisions of all statutes r bligations of my position	cointinent as reg relating to the pr as registered as	or the above stated limited liability company istered agent and agree to act in this capacity oper and complete performance of my dutingent as provided for in Chapter 605, F.S	ity. I

Α	นา	10	M.	IV-

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

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

Lille:	Name and Address:
"AMBR" = Authorized Memb	er er
"MGR" = Manager	
MGR	Timothy Watson
MOR	3590 Valkaria Road
	Malabar, FL 32950
	Mandount 113 32730
MGR	Jessica Watson
	3590 Valkaria Road
	Malabar, FL 32950
	•
(Use attachment if necessary)	
of filing.) the date inserted in this block ment's effective date on the De	does not meet the applicable statutory filing requirements, this date will not be epartment of State's records.
E VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
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Signatu	re of a member or an authorized representative of a member.
This documen	are of a member or an arthorized representative of a member.
This document I am aware that	are of a member or an arthorized representative of a member. It is executed in accordance with section 605.0203 (1) (b), Florida Statutes. By any false information submitted in a document to the Department of State
This document I am aware that	are of a member or an arthorized representative of a member. Strip executed in accordance with section 605.0203 (1) (b). Florida Statutes.
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