

M23000000665

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

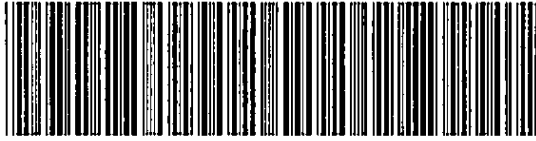
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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13. 3. 2023 10:05:10

2023 DEC 21 PM 3:09

T. LEMIEUX
JAN 19 2023

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Forgotten Sands, I.L.C.
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Kristy Banks
Name of Person
Kristy Branch Banks, PA
Firm/Company
171 US Hwy 98 W, Suite A
Address
Eastpoint, FL 32328
City/State and Zip Code
clisabethjnoel@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kristy Banks at (850) 670-1255
Name of Contact Person Area Code Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status \$155.00 Filing Fee & Certified Copy \$160.00 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANACT BUSINESS IN THE STATE OF FLORIDA:

1. Forgotten Sands, L.L.C.
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. South Dakota
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
 (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1052 Pebble Beach Drive
(Street Address of Principal Office)

6. 1052 Pebble Beach Drive
(Mailing Address)

Dakota Dunes

Dakota Dunes

South Dakota, 57049

South Dakota, 57049

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Kristy Branch Banks, PA

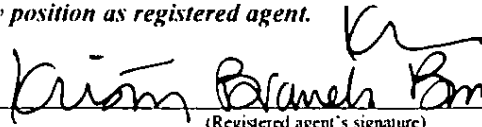
Office Address: 171 US Hwy 98 W, Suite A

Eastpoint, FL 32328, Florida 32328
(City) (Zip code)

2022 DEC 21 PM 3:09
 L.L.C.

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



(Registered agent's signature)
 of Kristy Branch Banks, PA.

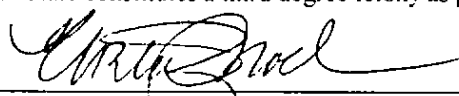
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: Elisabeth J. Noel	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 1052 Pebble Beach Drive	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	Dakota Dunes, South Dakota 57049	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. 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.



 Signature of an authorized person

Elisabeth J. Noel

State of South Dakota

Office of the Secretary of State

Certificate of Organization

Domestic Limited Liability Company

I, **Steve Barnett**, Secretary of State of the State of South Dakota, hereby certify that the ARTICLES OF ORGANIZATION for

Forgotten Sands, L.L.C.

BUSINESS ID# DL238210

with an effective date of: November 8, 2022, duly signed and verified, SDCL 47-34A-203, 212 has been received in this office and is found to conform to law.

ACCORDINGLY, and by virtue of the authority vested in me by law, I hereby issue this Certificate of Organization and attach hereto a duplicate of the ARTICLES OF ORGANIZATION.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of South Dakota, in Pierre, the Capital City, this day, November 8, 2022.

Steve Barnett

Steve Barnett
Secretary of State

11/08/2022 4:30 PM

B0244-9193 11/08/2022 4:30PM Rec'd by SD SOS



DL238210

B0244-9191 11/08/2022 4:30PM Rec'd by SD SOS

ARTICLES OF ORGANIZATION

Secretary of State
500 E. Capitol Ave
Pierre, SD 57501-5070
(605) 773-4845

DOMESTIC LIMITED LIABILITY COMPANY
SDCL 47-34A-203, 212

Filing Fee: \$150

Total Fee: \$150

Please Type or Print Clearly in Ink
Please submit one Original
Make payable to the SECRETARY OF STATE

Article I

The name of the Company: **Forgotten Sands, L.L.C.**

Article II

The address of the initial designated office in or out of the State of South Dakota where the company conducts its business:

Actual Street Address

**1052 PEBBLE BEACH DRIVE
DAKOTA DUNES, SD 57049**

Mailing Address

**1052 PEBBLE BEACH DRIVE
DAKOTA DUNES, SD 57049**

Article III

SDCL 59-11-6

The South Dakota Registered Agent's Name:

South Dakota law permits the registered agent to be either (a) a noncommercial registered agent or (b) a commercial registered agent.

(a) The South Dakota Noncommercial Registered Agent's name

Name **Elisabeth J. Noel**

Actual Street Address in this State

**1052 PEBBLE BEACH DRIVE
DAKOTA DUNES, SD 57049**

Mailing Address in this State

**1052 PEBBLE BEACH DRIVE
DAKOTA DUNES, SD 57049**

Article IV

The name and address of each organizer

Name

Address

Elisabeth J. Noel

1052 Pebble Beach Drive, Dakota Dunes, South Dakota 57049

Article V

The duration of the company if other than perpetual is: **Perpetual**

If the document is not to be effective upon filing by the Secretary of State, the delayed effective date is: _____



B0244-9192 11/08/2022 4:30PM Rec'd by SD SOS

Article VI

Member-Managed Manager-Managed

Name	Address
Elisabeth J. Noel	1052 Pebble Beach Drive, Dakota Dunes, South Dakota 57049

Article VII

Beneficial Owners (optional): A beneficial owner is a person who has or in some manner controls an equity security. Please consult an attorney for legal advice if you have any questions concerning this entry. Any question under this heading is considered a request for legal advice and the secretary of state's office is, by statute, not permitted, to provide legal advice.

Signature/Authorization

The Articles of Organization must be executed by the organizers.

No person may execute this report knowing it is false in any material respect. Any violation may be subject to a criminal penalty (SDCL 22-39-36).

Robert F. Meis	<i>Robert F. Meis</i>	Attorney at Law	11/08/2022
PRINTED NAME	SIGNATURE	TITLE	DATED