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(Requestor's Name)
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PICK-UP WAIT MAIL
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AUG 22 2008

EXAMINER

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COVER LETTER

TQ: Registration S Division of Co			
SUBJECT:	SBT Proper	CHICS LLC d Liability Company)	
	(,,	
The enclosed Articles of	Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
	Brian So	H Thomas	\ >
	000	Name of Person)	
	<u>SBJ</u>	4roperties	
	1230 7	Firm/Company)	
	1 () ((Address)	AL S
	HOLYU	Wod, +(<u> </u>
	√ (City.	/State and Zip Code)	SA N
For further information of	concerning this matter, please	call:	
Brian S	S. Thomas	at (801, 403 -	9822
(Name	of Person)	(Arca Code & Daytime Tele	phone Number)
Enclosed is a check fo	r the following amount:		 -
\$125.00 Filing Fee	\$130.00 Filing Fee & [Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	ircle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
SBT Properties, "LLC"
(Must end with 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:
1230 TylerSt.
<u> </u>
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: ARTICLE III - Registered Agent, Registered Agent 's Signature:
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

Registered Agent's Signature (REQUIRED)

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

e: GR" = Manager	Name and Address:
GRM" = Managing Member	Brian Thomas
ngem	Stephanie Thomas
	HUMAUDA FI BOSCHO
	SEL FLOR

ARTIC (If an e to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

that the facts stated herein are true.)

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)