

M24000005014

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

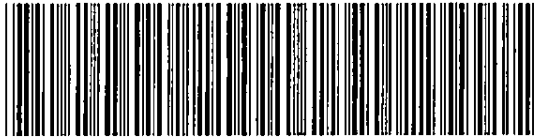
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2024 APR 16 11:10:14

2024 APR 16 AM 10:14

RECEIVED

2024 APR 16 PM 3:35

ALL AMBASSADOR FLORIDA

APR 19 2024
K. Brumbley



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 17, 2024

CAPITOL SERVICES

SUBJECT: SB PALM BREEZE LLC
Ref. Number: W24000060922

We have received your document for SB PALM BREEZE LLC and check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon
Operations Manager A

Letter Number: 224A00008373



Filing Cover Sheet

To: Florida Division of Corporations

From: Ronnie Campbell C/O Capitol Services, Inc.

Date: 4/16/2024

Trans#: 1456512

Entity Name: ~~SB PALM-BREEZE, LLC~~

Articles Incorporation ()

Articles of Amendment ()

Articles of Dissolution ()

Annual Report ()

Conversion ()

Fictitious Name ()

~~Foreign Qualification (XXX)~~ (FILE 2ND) Limited Liability ()

Limited Partnership ()

Merger ()

Reinstatement ()

Withdrawal / Cancellation ()

Other ()

(Please honor original,
Submission date of 4/16/24.
Thanks!)

STATE FEES PREPAID WITH CHECK #3856 FOR \$155.00

PLEASE RETURN:

~~Certified Copy (xxx)~~

Plain Photocopy ()

Good Standing ()

Certificate of Fact ()

RECEIVED
2024 APR 18 PM 3:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

1. SB PALM BREEZE LLC
(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. DELAWARE (Jurisdiction under the law of which foreign limited liability company is organized)
3. 86-2962582 (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. 301 EAST OCEAN AVE (Street Address of Principal Office)
SUITE 3
LANTANA, FLORIDA 33462
6. 301 EAST OCEAN AVE (Mailing Address)
SUITE 3
LANTANA, FLORIDA 33462

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

Name: PG LAW, PL
Office Address: 5030 CHAMPION BLVD, SUITE G11-281
BOCA RATON, Florida 33496
(City) (Zip code)

2024 FEB 16 AM 10: 14

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.

/s/ David J. Powers (Registered agent's signature)
PG LAW, PL A FLORIDA PROFESSIONAL SERVICES LIMITED LIABILITY COMPANY
REGISTERED AGENT, DAVID J. POWERS, MANAGER

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: <u>SBPB HOLDINGS LLC</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>301 EAST OCEAN AVENUE</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	<u>SUITE 3</u> <u>LANTANA, FLORIDA 33462</u>	<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.

/s/ Kent Koch

Signature of an authorized person

KENT KOCH, AUTHORIZED REPRESENTATIVE

Typed or printed name of signer

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SB PALM BREEZE LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWELFTH DAY OF APRIL, A.D. 2024.



3445209 8300

SR# 20241431486

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203245895

Date: 04-12-24