

**L09000020449**

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H09000063323 3)))



H09000063323ABC-

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : BUSINESS FILINGS  
Account Number : 105256001620  
Phone : (608)827-5300  
Fax Number : (608)827-5501

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**SBPace LLC**

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

RECEIVED

09 MAR 18 PM 4:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 MAR 18 AM 7:51

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

Electronic Filing Menu

Corporate Filings Menu

**T. HAMPTON**

Help

MAR 19 2009

FAX AUDIT # H09000063323 3

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 MAR 18 AM 7:51

**ARTICLES OF ORGANIZATION  
OF  
SBPace LLC**

**ARTICLE I NAME**

The name of the limited liability company shall be: **SBPace LLC**

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this Limited Liability Company shall be: 450 SE Pine Road, Port St. Lucie, Florida 34984.

**ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS**

The name and address of the initial registered agent is: Business Filings Incorporated, 1203 Governors Square Blvd, Suite 101, Tallahassee, Florida 32301-2960. Located in the County of Leon.

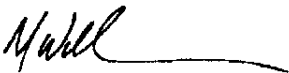
**ARTICLE IV DURATION**

The duration for the limited liability company shall be: Perpetual.

**ARTICLE V MANAGERS/MEMBERS**

The management of the limited liability company is reserved for the Members and the name and address of the member of the Limited Liability Company is:

Albert Meihofer, 450 SE Pine Road, Port St. Lucie, Florida 34984



Date: March 18, 2009

Business Filings Incorporated, Organizer  
Mark Williams, A.V.P.  
Authorized Representative

Prepared by Mark Williams, Business Filings Incorporated, 8040 Excelsior Dr., Suite 200, Madison, WI 53717  
(608) 827-5300

FAX AUDIT # H09000063323 3

FAX AUDIT # **H09000063323 3**

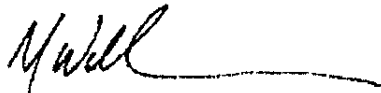
**CERTIFICATE OF DESIGNATION OF REGISTERED  
AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: **SBPace LLC**

The name and address of the registered agent and office is Business Filings Incorporated, 1203 Governors Square Blvd, Suite 101, Tallahassee, Florida 32301-2960. Located in the County of Leon.

Having been named as registered agent and to accept service of process for the above stated 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.



Signature: \_\_\_\_\_  
*Mark Williams, A.V.P. Business Filings Incorporated*

Date: *March 18, 2009*

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 MAR 18 AM 7:51

FAX AUDIT # **H09000063323 3**