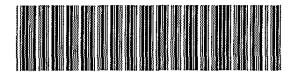
## 120300011332

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Emily Ivalue)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·

Office Use Only



200014778172

03/28/03--01046--002 \*\*125.00

O3 HAR 28 M 9 25
SECULIARISE STATE
TALLATIANCE STATE

OK

Registered Agent Name's:

Samuel Eyal Yecutieli

Registered Agent Address:

100 Bayview Dr. #1906 Miami Beach, FL 33160

Registered Agent Daytime Phone: 786.262.9483 / 305.949.3898

MAR 28 M 9: 25

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## **ARTICLE I - Name:**

The name of the Limited Liability Company is: SBDS, Ltd. Co

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 100 Bayview Dr. #1906
Miami Beach, FL 33160

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature

and the Florida street address of the registered agent are:		<u> </u>	
Yecutieli, Samuel		る シ	1 · 3
Name		œ	£.£.
100 Bayview Dr. #1906	## 2.4 #2.5	-	Ċ
Florida street address (P.O. Box NOT acceptable)	087	Ċ	
Miami Beach, FL 33160 FL	<b>P</b> m	25	
City, State, and Zip	•		

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

Registered Agent's Signature

(An additional article must be added if an effective date is requested)

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 begin are true.)

that the facts stated herein are true.)

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)