

L04000076426

(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



000041724580

10/18/04--01013--011 **125.00

FILED
04 OCT 18 AM 8:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W
10/22/04

EFFECTIVE DATE

10/15/04

October 10, 2004

To: Division of Corporation
Registration Section

From: Robert J. Rabiea

To whom it may concern:

My partner and I want to form a Florida LLC for investment purposes. Enclosed is the necessary paperwork and a check for \$125 to cover filing fees and designation of a registered agent. Please note that I'm not sure I understand the designated agent form, and have appointed myself as a designated agent. If this is not allowed please let me know. Since I live in Florida, I don't know if this is necessary but I did it anyway. If I can choose an effective date, I would like it to be effective October 15, 2004. My address is listed below.

Sincerely,

Robert J. Rabiea



Robert J. Rabiea
9603 sayona winds drive
Delray beach, FL 33446

FILED
04 OCT 18 AM 8:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SBD Ventures LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert J. Rabiea
(Name of Person)

SBD Ventures LLC
(Firm/Company)

9603 Savona Winds Drive
(Address)

Delray Beach, FL 33446
(City/State and Zip Code)

For further information concerning this matter, please call:

Robert J. Rabiea at (561) 381-0458
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

FILED
04 OCT 18 AM 8:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

SBD VENTURES LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

9603 Savona Winds drive

Delray Beach, FL 33446

Mailing Address:

19649 Black Olive Ln.

Boca Raton, FL 33498

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

The name and the Florida street address of the registered agent are:

Robert J. Rabica

Name

9603 SAVONA WINDS DR

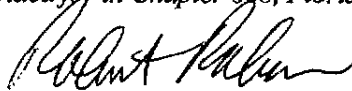
Florida street address (P.O. Box **NOT** acceptable)

DELRAY BEACH, FL FLORIDA 33446

City, State, and Zip

FILED
04, OCT 18 AM 8:02
STATE
TALLAHASSEE, FLORIDA

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, Florida Statutes..



Registered Agent's Signature

EFFECTIVE DATE
10/15/04

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Robert J. Rabiea

9603 savona winds drive

Delray Beach, FL 33446

MGRM

Barry Stoll

19649 Black olive Ln

Boca Raton, FL 33498

(Use attachment if necessary)

ARTICLE V - Effective Date: The effective date of this LLC shall be
October 15, 2004.

NOTE: An additional article must be added if an effective date is requested.

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.)

Robert J. Rabiea

Typed or printed name of signer

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 OCT 18 AM 8:02

FILED

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)