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

Office Use Only



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12/06/04--01023--014 **125.00

W1-8919

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: S+B PROPERTIES OF the Keys, LL ((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 M. SNEAD (Name of Person)	
5+B PROPERTIES OF the Kays, LCC (Firm/Company)	_
126 Guilford Ct (Address)	
TAVERNIER FL 33070 (City/State and Zip Code)	بسب
For further information concerning this matter, please call:	- 330 H
POBERT M. SWEAD at 305 852-202 PM (Area Code & Daytime Telephone Number)	-6 FH-2:0
Enclosed is a check for the following amount:	5: 0
\$125.00 Filing Fee Certificate of Status \$130.00 Filing Fee & Certified Copy (additional copy is enclosed) \$160.00 Filing Fee & Certified Copy (additional copy is enclosed)	
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	

Tallahassee, Florida 32314

409 E. Gaines Street Tallahassee, Florida 32399

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

S+B PROPERTIES OF the KEYS, 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:
126 Guilford Ct TAVERNIER, FL 33070
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are: $ \frac{RoB \in RT M. Swead}{Name} $
126 Sui/ForD CT Florida street address (P.O. Box NOT acceptable)
TAVERNIER, FL 33070 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.

(CONTINUED)

Registered Agent's Signature

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 M. SNEAD 126 GUILFORD CT TAVERNIER, FL 33070
MGRM	MARK BOOTH 125 Guilford Ct. TAVERNIER, FL 33070
MGRM	HENRYETTA SNEAD 126 Guilford CT TAYERNIER FL 33070
MGRM	NANCY GONZALEZ 125 GUILFORD CT TAVERNIER, FL 33070

(Use attachment if necessary)

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 M. SWEAD

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

Filing Fees:

\$ 5.00 Certificate of Status (Optional)

SECHELARY OF SIME

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