

LD5000040286

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

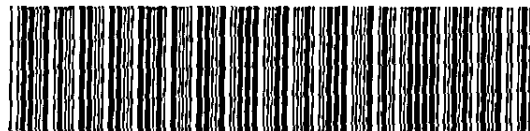
(Document Number)

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Special Instructions to Filing Officer:

WHS-19249

Office Use Only



900050233139

04/14/05--01023--008 **100.00

05/06/05--01070--002 **25.00

FILED
05 MAY 10 AM 8:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Brumbley MAY 11 2005

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SBF Holdings, 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:

Karen Downing
(Name of Person)

Chief Enterprises, LLC
(Firm/Company)

155 Glendale Ave # 14
(Address)

Sparks, NV 89431
(City/State and Zip Code)

For further information concerning this matter, please call:

Karen Downing at (775) 331-0404
(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

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

April 15, 2005

KAREN DOWNING
CHIEF ENTERPRISES, LLC
155 GLENDALE AVE #14
SPARKS, NV 89431

SUBJECT: SBF HOLDINGS, LLC
Ref. Number: W05000019249

We have received your document for SBF HOLDINGS, LLC and your check(s) totaling \$100.00. However, the document has not been filed and is being retained in this office for the following:

The fee to file the limited liability is \$125.00.

There is a balance due of \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6025.

Trevor Brumbley
Document Specialist

Letter Number: 805A0002600

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
SBF Holdings, LLC

ARTICLE II - Address:

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

Principal Office Address:

974 Ravine Road North
Jacksonville, FL 32259

Mailing Address:

974 Ravine Road North
Jacksonville, FL 32259

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

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

Blair Fonda

Name

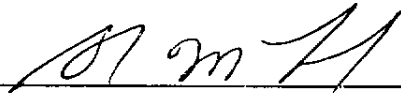
974 Ravine Road North

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

Jacksonville FL 32259

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,



Registered Agent's Signature

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CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA

(CONTINUED)

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	Blair Fonda
	974 Ravine Road North
	Jacksonville, FL 32259

(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.)

Blair M. Fonda
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)

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TALLAHASSEE, FLORIDA