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DIVISION OF CORPORATIONS
DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Sect Division of Corp					
SUBJECT: SB OCEAN ROYAL HOUNGS UC (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:					
B	EATRIZ FERI	VANOEZ Jame of Person)			
	a	irm/Company)			
	2520 SW 2	22 STREET # 2 (Address)	363		
		•			
MIAMI FL 33145					
(City/State and Zip Code)					
For further information concerning this matter, please call:					
Beatriz Femerale at 305, 8980845 (Name of Person) (Area Code & Daytime Telephone Number)					
(Name o	of Person)	(Area Code & Daytime Te	lephone Numbet)		
Enclosed is a check for	the following amount:				
\$125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	os.		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
SB OCEAN ROYAL HOW (Must end with the words "Limited Liability Company, "Limited	Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the prin	cipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
PO BOX 654312 MIAMI FZ 33/65	PO BOX 654312 MIAMI A 33165
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the registration.	ed Agent. You must designate an individual or another
FAMILIA REAL Name	V OFT
	ess (P.O. Box NOT acceptable)
Mi AMI City, State, an	FL 33145 5 5 7 5 7 5 7 5 7 5 7 5 7 5 7 5 7 5 7
liability company at the place designated in th	cept service of process for the above stated limited is certificate, I hereby accept the appointment as 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 (REQUIRED)

(CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager	Name and Address:	
"MGRM" = Managing Member MGR	ARMANICK HOLDINGS, L PO BOX 654312 MIAMI FL 33165	1C
<u> </u>		<u>-</u>
<u> </u>		
(Use attachment if necessary)		
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must be to or 90 days after the date of filing.)	date of filing: (OPT	IONAL) ss days prior
REQUIRED SIGNATURE:		
Beatry	Sanas	<u>.</u> .
(In accordance with sec of this document consti that the facts stated h	r or an authorized representative of a member. stion 608.408(3), Florida statutes, the execution states an affirmation under the penalties of perjury erein are true. TCL2 CENTAIDES ped or printed name of signee	SECRETAR DIVISION OF 0
F:::		<u>ĕ</u> ĭm

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)