

LO70000 72266

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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07 JUL 12 AM 11:31  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA  
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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 27, 2007

DONALD M. HUBER  
P.O. BOX 730  
WINDERMERE, FL 34786

SUBJECT: S & B LAND GROUP, LLC  
Ref. Number: W07000029076

We have received your document for S & B LAND GROUP, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the complete principal's office address.

The principal office must be a physical address. A P.O. Box is not acceptable. Would have contacted you by phone, but found no phone number to contact you by.,

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) 245-6949.

RUSSELL L HUNT  
Document Specialist

Letter Number: 907A00040677

S & B LAND GROUP, LLC  
P. O. BOX 730  
WINDERMERE, FL 34786  
(407) 909-0600

July 3, 2007

Florida Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

Re: S & B Land Group, LLC  
W07000029076

We have received your notification regarding the P O Box address and have enclosed a new application with the appropriate information. I am also enclosing a copy of your letter as requested.

If you should have any questions, please call us at (407) 909-0600.

Thank you for your assistance in this matter.

Sincerely,

  
Doris Birkinbine, Office Manager

enclosure

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

**S&B LAND GROUP, LLC**

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

### ARTICLE II - Address:

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

#### Principal Office Address:

625 MAIN STREET SUITE #27  
WINDERMERE, FL 34786

#### Mailing Address:

PO BOX 730  
WINDERMERE, FL 34786

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

**DONALD M. HUBER**

Name

**625 MAIN STREET SUITE #27**

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

**WINDEREMERE FL 34786**

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 (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

"MGRM" = Managing Member

**Name and Address:**

MGRM

DONALD M. HUBER

625 MAIN STREET SUITE #27

WINDERMERE, FL. 34786

FILED  
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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.)

**DONALD M. HUBER**

Typed or printed name of signee

**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)**