

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SAM BIZ 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:

Peter V. Berberich
(Name of Person)

SAM BIZ LLC
(Firm/Company)

1528 White Hawk Trail
(Address)

Lutz FL 33549
(City/State and Zip Code)

For further information concerning this matter, please call:

Molly Berberich 813 504-6015
Peter Berberich at (813) 494-2964
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 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 Corporations
 Clifton Building
 2661 Executive Center Circle
 Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SAM BIZ 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:

Mailing Address:

1528 White Hawk Tr.
LUTZ FL # 33549

same
|

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:

Molly Berberich
Name

14807 N. Florida Ave.

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

Tampa FL 33613

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..

Molly Berberich
Registered Agent's Signature (REQUIRED)

FILED
08 JUL 14 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Peter Berberich
1528 White Hawk Trail
Lutz Fl 33549

MGRM

Molly Berberich
1528 White Hawk Trail
Lutz, Fl 33549

MGRM

Samantha Berberich
same

MGRM

Mariah Berberich
same

MGRM
(Use attachment if necessary)

Abigail Berberich (same address)

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:

Molly Berberich
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.)

Molly Berberich
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)

FILED
08 JUL 14 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA