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(Req	uestor's Name)	
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(City	/State/Zip/Phone	∋ #)
PICK-UP	☐ WAIT	MAIL.
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(Bus	iness Entity Nar	ne)
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Certified Copies	Certificates	s of Status
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Special Instructions to F	iling Officer:	

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T. HAMPTON

EXAMINER

COVER LETTER

	tration Section on of Corporations	
SUBJECT:	SJB NO. 7, LLC	
	(Name of Limite	ed Liability Company)
The enclosed A	Articles of Organization and fee(s) are s	submitted for filing.
Please return a	ll correspondence concerning this matte	er to the following:
Scot	t J. Bell	
	(Name of Person)
		(Firm/Company)
2000	Villafane Drive	
		(Address)
Pens	sacola, FL 32503	
	(City	/State and Zip Code)
For further info	ormation concerning this matter, please	call:
Scott J. E	Bell	at (850) 324-1954
	(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a	check for the following amount:	
\$125.00 Filir	ng Fee \$\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy 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 1 - Name: The name of the Limited Liability Company is:		
C.," or "LLC.")		
of the Limited Liability Company is:		
Iress:		
Orive		
32503		
ust designate an individual or another		
are:		
are:		
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Registered Agent's Signature (REQUIRED)

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SECRETARY OF STALE DIVISION OF CORPORATIONS

(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 Men	Name and Address:
MGRM	Bell Family Trust
	2000 Villafane Drive
	Pensacola, FL 32503
(Use attachment if necessary	y)
CLE V: Effective date, if othe	er than the date of filing: (OPTIONAL
effective date is listed, the dat 90 days after the date of filing	te must be specific and cannot be more than five business days
o days after the date of iming	•,
REQUIRED SIGNATURE	Ξ:
REQUIRED SIGNATURE	E: M
	E: of a member or an authorized representative of a member.
Signature o (In accordar of this docu	M

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)