(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	,
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Office Use Only

G. MCLEOD

JUN 1 0 2009

EXAMINER

COVER LETTER

·					
TO: Registration Section Division of Corporations					
SUBJECT: SDLD L.L.C.					
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:					
Lev Bobovitch					
Name of Person					
Firm/Company					
600 N.W. 166 Avenue					
Address					
Pembroke Pines +L 33028					
Pembroke Pines FL 33028 City/State and Zip Code Les 62000 6 Yahoo. com					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Lev Bobovitch at 954 , 430-4404					
Name of Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount:					
\$125.00 Filing Fee \$\ \times \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)}	&				
Mailing Address Street/Courier Address					
Registration Section Registration Section Division of Corporations Division of Corporations					
P.O. Box 6327 Clifton Building Tallabasses, FL 32314 2661 Everytive Center Circle					

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

SODEDE LILE

The name of the Limited Liability Company is:

-SDLD Limited Liabilit	y Company	
(Must end with the words "Limited Liabi		-
ARTICLE II - Address: The mailing address and street address of the p	rincipal office of the Limited Liability (Company is:
Principal Office Address:	Mailing Address:	
Pembroke Punes, FL 33028	600 N.W. 166 Avenue Pembroke Pines, FL 3302	<u>-</u> 28
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regis business entity with an active Florida registration.)		
The name and the Florida street address of the	registered agent are:	SEIVIS
Lev Bobovu	tch	
Name		- FRE
600 N.W. 166	Avenue	
Florida street address (P.O	. Box NOT acceptable)	AH II: 42
Pembroke Pines	FL 33028	5
City, State, a	and Zip	, 1

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

Title: "MGR" = Manager "MGRM" = Manager	Name and Address:
"MGRM" = Managing Member MGR	Lev Bobovitch
11010	600 N W 166 Avenue Pembroke Pines, FL 33028
	·
MGR	Irena Bobovitch
	Pembroke Pinox, FL 33028
<u> </u>	
(I las attachment if naccasami)	
(Use attachment if necessary)	
ř	the date of filing: (OPTIC
LE V: Effective date, if other than fective date is listed, the date mu	n the date of filing: (OPTIC ust be specific and cannot be more than five business
LE V: Effective date, if other than fective date is listed, the date mu	n the date of filing: (OPTIC ist be specific and cannot be more than five business
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LE V: Effective date, if other than ective date is listed, the date mudays after the date of filing.) REQUIRED SIGNATURE: Signature of a modern of this document	ast be specific and cannot be more than five busine

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)

Typed or printed name of signee