

LOQUUVI23182

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

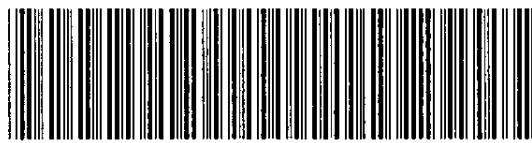
(Document Number)

Certified Copies _____ Certificates of Status _____

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B. KOHR
DEC 31 2009
EXAMINER



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RECEIVED
09 DEC 30 PM 4:16
FLORIDA SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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FLORIDA SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 DEC 30 AM 8:29



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 236399 7501635

AUTHORIZATION

COST LIMIT : \$ 125.00

RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 DEC 30 AM 8:29

ORDER DATE : December 30, 2009

ORDER TIME : 2:17 PM

ORDER NO. : 236399-005

CUSTOMER NO: 7501635

DOMESTIC FILING

NAME: SB TOHN, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP
 ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd - EXT. 2940

EXAMINER'S INITIALS: _____

SECRETARY OF STATE
DIVISION OF CORPORATIONS
FILED
09 DEC 30 AM 8:29

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SB TOHN, LLC

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

ARTICLE II - Address:

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

Principal Office Address:

139 CORAL CAY DRIVE
PALM BEACH, FL 33418

Mailing Address:

139 CORAL CAY DRIVE
PALM BEACH, FL 33418

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:

DIANE A. TOHN

Name

139 CORAL CAY DRIVE

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

PALM BEACH FL 33418

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..

DIANE A. TOHN

BY: Diane A. Tohn

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

MGRM

Name and Address:

DIANE A. TOHN

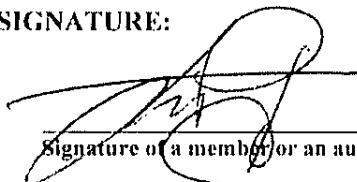
139 CORAL CAY DRIVE

PALM BEACH, FL 33418

(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.)

STEPHEN P. LONG

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)