## L10000 72444

(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:			

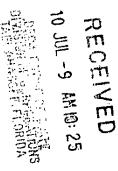
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Office Use Only



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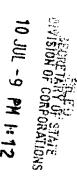
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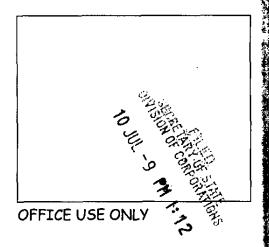
B. KOHR

JUL - 9 2010

**EXAMINER** 



FLORIDA RESEARCH & FILING SERVICES, INC. 1211 CIRCLE DRIVE TALLAHASSEE, FL 32301 PHONE (850)656-6446



WALK-IN

**ENTITY NAME:** 

SBEGC, LLC

CK# 4718 FOR \$130.00

PLEASE FILE THE ATTACHED ARTICLES & RETURN THE FOLLOWING:

XXX CERTIFIED COPY

\_\_\_ STAMPED COPY

XXX CERTIFICATE OF STATUS

Examiner's Initials

## **COVER LETTER**

TO:	Registration Division of C		GC, LLC
			The state of the s
SUBJ	ЕСТ:		
		Name of Limit	ited Liability Company
The en	closed Articles	of Organization and fee(s) are	submitted for filing.
Please	return all corres	pondence concerning this mat	tter to the following:
	William F. Le	ahy	
			Name of Person
	Snider & We	instein	
	Firm/Company		
	900 Sevente	enth Street, NW, Suite 41	10
			Address
	Washington,	D.C. 20006	
		Cit	ty/State and Zip Code
	william.leahy(	@sniderweinstein.com	
		E-mail address: (to be used	for future annual report notification)
For fur	ther information	concerning this matter, pleas	e call:
Willia	m Leahy		at ( 202 ) 293-9625
	Name of Person		Area Code & Daytime Telephone Number
Enclos	sed is a check f	or the following amount:	
<b>□\$</b> 125.	00 Filing Fee	☑\$130.00 Filing Fee & Certificate of Status	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:					
SBEGC, L					
(Must end with the words "Limited Light)	ity Company, "L.L.C.," or "LLC.")				
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:				
Principal Office Address:	Mailing Address:				
2900 Northempton Orive	2900 Northweston Drive				
Orlando, FL 82828	Orlando, Ft. 32828				
ARTICLE, III - Registered Agent, Registered The Limbed Lisbility Company owned serve as its own Registered business entity with an active Florida registration.) The name and the Florida street address of the r	iered Ageni. You missi doelgaate as ladivibbal or mother				
Andrew C. Bonus	' <b>w</b>				
Name					
13950 Golfway Boulevard Florida street add	i Iress (P.O. Box <u>NOT</u> acceptable)				
Oriando	PL 32828				
City, St	ato, and Zip				

Having been named an 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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Men	Name and Address:
MGR	Stephen J. Garchik 880 Dover Street
	Boca Raton, FL 33487
MGR	John Caporaletti
	9725 Blandford Road
	Orlando, FL 32827
(Use attachment if necessary	y)
ARTICLE V: Effective date, if othe (If an effective date is listed, the date or 90 days after the date of filing	er than the date of filing: (OPTIONAL) te must be specific and cannot be more than five business days prio.)
REQUIRED SIGNATURE	Leady
_	f a member or an authorized representative of a member.
of this docu that the fact	nce with section 608.408(3), Florida Statutes, the execution ment constitutes an affirmation under the penalties of perjury as stated herein are true.)
$\omega_0$	LLIAM F. LEAHY

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