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(Requestor's Name)

(Address)

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PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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09/03/10--01006--017 **160.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 SEP 17 PM 4:55

B. KOHR

SEP 20 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 7, 2010

VALERE YVES B.
3402 IDLEWILD STREET
PORT CHARLOTTE, FL 33980

SUBJECT: JAVA GROUP L.L.C.
Ref. Number: W10000042082

10 SEP 17 PM 4 55
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
SECRETARY OF CORPORATIONS

We have received your document for JAVA GROUP L.L.C. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The existing entity with the similar name is THE JAVA GROUP CO. -- Document Number P03000084012.

Please note that we have RETAINED your \$160.00 payment.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr
Regulatory Specialist II

Letter Number: 710A00021283

New name

S B D A JAVA GROUP LLC

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: S.B.D.A Java Group LLC
Name of Limited Liability Company

10 SEP 17 PM 4:55
SECRETARY OF STATE
DIVISION OF CORPORATIONS

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Valere Yves B.
Name of Person
Java Group LLC
Firm/Company
3402 Edlewild Street
Address
Port Charlot FL 33980
City/State and Zip Code
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Yves B. Valere at (941) 623-3700
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:

S.B.D.A Java Group L.L.C.,

(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:

2161 SW 129 Ave.
Miramar, FL 33027

2161 SW 129 Ave.
Miramar, FL 33027

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:

Valere Yves B.

Name

3402 Idle Wild Street

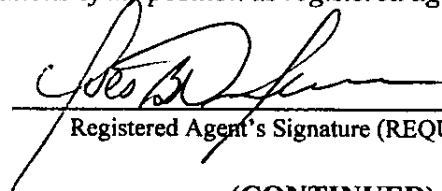
Florida street address (P.O. Box **NOT** acceptable)

Port Charlot FL 33980

City, State, and Zip

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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)

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

Gregory Valere

2161 SW 129 Ave.

Miramar, FL 33027

MGRM

Jacky Bernard

2161 SW 129 Ave.

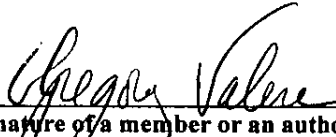
Miramar, FL 33027

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: N/A (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.)

Gregory Valere

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)