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COVER LETTER.

TO:

Registration Section

Division of	Corporations		
SUBJECT: SBF	JINVESTMENTS		
SUBJECT:		led Liability Company	
The enclosed Article	s of Organization and fee(s) are	submitted for filing.	
Please return all corr	espondence concerning this mat	ter to the following:	
Yvonne	P. Shaw		
		Name of Person	
SBFJ II	NVESTMENTS		
		Firm/Company	
2513 T	wain Drive		
		Address	
Tallahass	see, Florida 32311		
	Cit	y/State and Zip Code	
shaw1999	9@live.com		
	E-mail address: (to be used t	for future annual report notification)	
For further informati	on concerning this matter, please	e call:	
Yvonne Shaw		at (850) 524-2527	
Na	me 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	S155.00 Filing Fee & S160.00 Filing Fee Certified Copy (additional copy is enclosed) S160.00 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
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The name of the Limited Liability Company is:

SBFJ INVESTMENTS LLC.

(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:			
2513 Twain Drive	2153 Twain Drive			
Tallahassee, Florida 32311	Tallahassee, Florida 32311Yvo	onne		
	ddress of the registered agent are:	ual or another	12 MAR -	F
	Name	SEE C	χ Σ	ĺΠ
2513 Tw	ain Drive		₹	0
J	Florida street address (P.O. Box <u>NOT</u> acceptable)	PATE ORIDA	<u>မ</u>	
Tallahassee	e _{FL} 32311	X _m	F	
	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..

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:

"MGR" = Manager	Name and Address:
_	
"MGRM" = Managing Men	lber
MGRM	Yvonne P. Shaw
	2153 Twain Drive
	Tallahassee, FL 32311
MGR	Marlon Fletcher
	10500 Brightfield Lane
	Upper Marlboro, MD 20772
MGR	Michelle Burgess
	703 Mason Street
	Westbury, New York 11590
(Use attachment if necessar	
CLE V: Effective date, if other	r than the date of filing: March 5, 2012 . (OPTIONA te must be specific and cannot be more than five business day .)
CLE V: Effective date, if other of the street of the date is listed, the date of filing of the date of filing of the date of filing of the date of the date of filing of the date of the date.	r than the date of filing: March 5, 2012 . (OPTIONA te must be specific and cannot be more than five business day .)
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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)