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(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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Office Use Only



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COVER LETTER

TO:

TO:	Registration S Division of Co			
SURJE	cct: SJB C	Blobal Enterprises	s, LLC	
301102			ed Liability Company	
The end	closed Articles o	f Organization and fee(s) are	submitted for filing.	
Please	return all corresp	ondence concerning this matt	ter to the following:	
	Sara J B	erge		
		•	Name of Person	
	SJB Glob	oal Enterprises, L	LC	
•			Firm/Company	
	116 E. 14	5th Ave		
			Address	
-	Tampa, FL	33615		
,			y/State and Zip Code	
_	Saraberge1			
		E-mail address: (to be used t	or future annual report notification)	
For fur	ther information	concerning this matter, please	e call:	
Sara	J Berge		at (813) 963-2327	
	Name	of Person	Area Code & Daytime Telep	ohone Number
Enclos	ed is a check fo	or 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 C Tallahassee, FL 32301	ircle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

The name of the Limited Liability Company is:			
SJB Global Enterprises, LLC			
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")			
ADTICLE II Address			

ARTICLE I - Name:

Principal Office Address:	Mailing Address:	
Sara J Berge	Sara J Berge	
116 E. 145th Ave	116 E. 145th Ave	
Tampa, FL 33615	Tampa, FL 33615	
	IL 27	FILE
116 E. 145th Av	ve FLCST	O
Florida street	address (P.O. Box NOT acceptable)	
Tampa	_{FL} 33615	
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..

(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:	Name and Address:
"MGR" = Manager "MGRM" = Managing Membe	
MORM - Managing Membe	51
MGR	Sara J Berge
	116 E. 145th Ave
	Tampa, FL 33615
	· · · · · · · · · · · · · · · · · · ·
	·····
(Use attachment if necessary)	
CLE V: Effective date, if other th	nan the date of filing: 7/25/12. (OPTIONAL) must be specific and cannot be more than five business days pri
CLE V: Effective date, if other the	nust be specific and cannot be more than five business days pri
CLE V: Effective date, if other the effective date is listed, the date is days after the date of filing.) REQUIRED SIGNATURE:	nust be specific and cannot be more than five business days pri
CLE V: Effective date, if other the effective date is listed, the date in days after the date of filing.) REQUIRED SIGNATURE:	must be specific and cannot be more than five business days pri
CLE V: Effective date, if other the effective date is listed, the date is days after the date of filing.) REQUIRED SIGNATURE: Signature of a constitutes an affirmation I am aware that any fals	nust be specific and cannot be more than five business days pri
CLE V: Effective date, if other the effective date is listed, the date is days after the date of filing.) REQUIRED SIGNATURE: Signature of a constitutes an affirmation I am aware that any fals	member or an authorized representative of a member. tion 608.408(3), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true, see information submitted in a document to the Department of State are felony as provided for in s.817.155, F.S.)

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)