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(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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L. SELLERS				

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COVER LETTER

•	stration Section ion of Corporations				
SUBJECT:	SBCONET LLC.				
SUBJECT: _		ted Liability Company			
The enclosed	Articles of Organization and fee(s) are	submitted for filing.			
	all correspondence concerning this mat	-			
	any Yoon				
<u> </u>	arry 10011				
		Name of Person			
SB	CONET LLC.				
Firm/Company					
343 Willowbay Ridge St.					
		Address			
Sa	nford, FL 32771				
	C	ity/State and Zip Code			
hee	4joy@gmail.com	•			
		for future annual report notification)			
For further inf	ormation concerning this matter, pleas	e call:			
Chany Yoon		407 900-9885			
	Name of Person	Area Code & Daytime Telephone Number			
Enclosed is a	a check for the following amount:				
	_				
□\$125.00 Fil	ing Fee \$\Bigsim\$\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & □ \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
	Mailing Address	Street/Courier Address			
	Registration Section Division of Corporations	Registration Section Division of Corporations			
	P.O. Box 6327	Clifton Building			
	Tallahassee, FL 32314	2661 Executive Center Circle			

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited I	Liability Company is	;	
SBCONET LLC.			
(Must end wi	ith the words "Limited Liab	rility Company, "L.L.C.," or "L	LC.")
ARTICLE II - Address: The mailing address and s	street address of the p	orincipal office of the L	imited Liability Company is:
Principal Office Address	<u>:</u>	Mailing Address:	
343 Willowbay Ridge St.		Same as Principal Office	Address
Sanford, FL 32771			
ARTICLE III - Register (The Limited Liability Company c business entity with an active Flo The name and the Florida Chany	annot serve as its own Regionida registration.) street address of the	stered Agent. You must design	
Charry	Name	c	·······
343 Wi	Howbay Ridge St.	ddress (P.O. Box NOT acce	
Sanfo		32771	pusoto)
Sant		FL State, and Zip	
liability company at th registered agent and ag all statutes relating to t	egistered agent and to the place designated in the proper and complet the proper and complete the proper and complete the property and the propert	o accept service of proce this certificate, I hereby acity. I further agree to ete performance of my d registered agent as prov	ess for the above stated limited y accept the appointment as comply with the provisions of luties, and I am familiar with yided for in Chapter 608, F.S
	(CONTII		
			and the same of th

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 Member MGR Chany Yoon 343 Willowbay Ridge St. Sanford, FL 32771 (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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.) Chany Yoon 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)