# L13000035200

(Re	equestor's Name)	
(Ac	dress)	
/^	Idress)	
(//.	iuless)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
(Bu	ısiness Entity Nar	me)
(Do	ocument Number)	
`	•	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	Office Use On	



400244237624

02/22/13--01003--001 \*\*70.00

**400244237624** 01/23/13--01014--002 \*\*60.00

FILED
2013 MAR -6 AM '91 02
SECRETARY OF SIME

J. SAULSBERRY EXAMINER

MAR 7 2013

### **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT

SBTD, LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

# RACHANEE SMOAK

SBTD,LLC

Firm/Company

1775 VISTA LAKE CIRCLE

Address

W. MELBOURNE, FLORIDA 32904

City/State and Zip Code

SmoakSBTD@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RACHANEE SMOAK

...321

403-6491

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

(Company, "L.L.C.," or "LLC.")
ncipal office of the Limited Liability Company is:
Mailing Address:
W. MELBOURNE, FL 32904
Office, & Registered Agent's Signature: ed Agent. You must designate an individual or another gistered agent are:
MAR-6
SA 6 F
· ————————————————————————————————————
ess (P.O. Box NOT acceptable)  FL 32904  e, and Zip
e, and Zip
ccept service of process for the above stated limited is certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of performance of my duties, and I am familiar with istered 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:

<u>Title:</u> "MGR" = Manager	Name and Address:	
"MGRM" = Managing Member		
	None at this time	
<del> </del>	······································	
	A 5 5 C C	PAN FAR
	. ↑ P*	
		רייבר. בט }
	<u>~~</u>	~ 0%
(Use attachment if necessary)		
`		
FICLE V: Effective date, if other than to an effective date is listed, the date must be to or 90 days after the date of filing.	the date of filing: (OPTION ust be specific and cannot be more than five busin )	IAL) iess days
REQUIRED SIGNATURE:	chan Arral	
Signature of a men	iber or an authorized representative of a member.	
constitutes an affirmation un I am aware that any false inf	608.408(3), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. Formation submitted in a document to the Department of State ony as provided for in s.817.155, F.S.)	

RACHANEE SMOAK

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)