

# L14000/52301

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H14000227790 3)))



H140002277903A3C%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : LLOYD GRANET  
Account Number : 074632001025  
Phone : (561) 999-9300  
Fax Number : (561) 999-9400

FILED  
2014 SEP 29 PM 12:17  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

FLORIDA LIMITED LIABILITY CO.  
SHSBBC HOLDING LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

RECEIVED

14 SEP 29 AM 11:09

DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

K. SALY  
EXAMINER  
SEP 30 2014

Fax Audit: (((H14000227790 3)))

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the limited liability company is:

**SHSBBC HOLDING LLC**

**ARTICLE II - Address:**

The street and mailing address of the principal office of the limited liability company is:

c/o Lloyd Granet, P.A.  
2295 NW Corporate Boulevard, Suite 235  
Boca Raton, FL 33431-7330

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

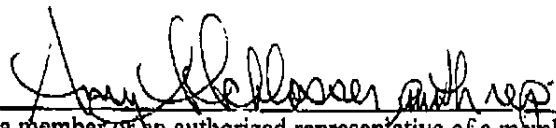
The name and Florida street address of the registered agent is:

Lloyd Granet, P.A.  
2295 NW Corporate Boulevard, Suite 235  
Boca Raton, FL 33431-7330

*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 605, F. S.*

  
By Registered Agent's Signature

(In accordance with section 605.0203 (1) (b), 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.)

  
Signature of a member or an authorized representative of a member  
Amy S. Schlosser, authorized representative