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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : MOMBACH, BOYLE & HARDIN, P.A.
Account Number : 074143000064
Phone : (954) 467-2200
Fax Number : (954) 467-2210

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

Email Address: doyle_kwhs@yahoo.com

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FLORIDA LIMITED LIABILITY CO.
SBS, LLC

Certificate of Status	0
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Page Count	03
Estimated Charge	\$125.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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November 21, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

MOMBACH, BOYLS & HARDIN PA

SUBJECT: SBS, LLC
REF: W14000070312

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is P12000029123 (SBS INC).

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

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FLORIDA DEPARTMENT OF STATE

Tammy Hampton
Regulatory Specialist III

Division of Corporations
FAX Aud. #: H14000269622
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DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

P.O. BOX 6327 - Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION
OF
SBS PROPERTIES, LLC

The undersigned, as the authorized representative of the initial member(s) of **SBS PROPERTIES, LLC**, a Florida limited liability company formed hereunder (the "Company"), on behalf of the member(s) of the Company, hereby forms a limited liability company under the laws of the State of Florida.

ARTICLE I
COMPANY NAME

The name of the Company is **SBS PROPERTIES, LLC**.

ARTICLE II
MANAGEMENT

The Company will be a manager managed company. The Manager is John J. Doyle, III.

ARTICLE III
MAILING ADDRESS AND STREET ADDRESS OF COMPANY

The mailing address, the street address and e-mail address of the principal office of the Company is:

1314 East Las Olas Boulevard
Fort Lauderdale, Florida 33301
e-mail: doyle_kwhs@yahoo.com

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TALLAHASSEE, FLORIDA

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ARTICLE IV
REGISTERED AGENT AND REGISTERED AGENT ADDRESS

The registered agent and the street address of the registered agent of this Company in the State of Florida shall be:

Conrad J. Boyle
Mombach, Boyle, Hardin & Simmons, P.A.
500 East Broward Boulevard
Suite 1950
Fort Lauderdale, Florida 33394

IN WITNESS WHEREOF, the undersigned being the authorized representative of the initial member(s) of the limited liability company hereby executes these Articles of Organization, this 24 day of November, 2014.



CONRAD J. BOYLE

(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.)

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TALLAHASSEE, FLORIDA

H14000269622 3

STATE OF FLORIDA
COUNTY OF BROWARD

The foregoing instrument was acknowledged before me this 24 day of November, 2014, by
CONRAD J. BOYLE, who ☒ is personally known to me or who ☐ has produced a Florida
driver's license as identification.



Cecilia Dunlavy

Notary Public - State of Florida
My Commission Expires:
Commission Number:

Having been named as registered agent and to accept service of process for the above 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.

DATED this 24 day of November, 2014.



CONRAD J. BOYLE

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