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COVER LETTER

	ration Section n of Corporations	
DIVISI	an or Corporations	
SUBJECT: S	B.H. COLLECTIONS, LLC Name of Limited Liability Company	
The enclosed A	ticles of Organization and fee(s) are submitted for filing.	
Please return al	correspondence concerning this matter to the following:	
ST	PHEN CAMERON	2014
	Name of Person	2
<u>CA</u>	MERON LAW GROUP, P.A.	ک
	Firm/Company	
<u>80</u>	D N. UNIVERSITY DR	Ċ
	Address	•
~		
JA	IARAC, FLORIDA 33321 City/State and Zip Code	
stophon@	cameronlawgroup.com	
<u> stephento</u>	E-mail address: (to be used for future annual report notification)	
For further info	mation concerning this matter, please call:	
Stephen Cam	ron at (305) 562-7889	
	Name of Person Area Code Daytime Telephone Number	
Enclosed is a cl	eck for the following amount:	
□ \$125.00 Filing		•
) 	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street/Courler Address Registration Section Division of Corporations Clifton Building Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE	- Name:		
The name d	the Limited Liability Company is:		
	LECTIONS 110		
S.B.H. CC	LECTIONS, LLC	Tilin O MILON	
	(Must end with the words "Limited	Liability Company, "L.L.C.," or "LLC.")	-: 1~)
ARTICLE	I - Address:	•	3.5 G
	address and street address of the principal of	ffice of the Limited Liability Company is:	7
		into or me Balance Blacking Company is.	SECOND VIEW NEED
Principal C	ffice Address;	Malling Address:	- 76≥ N
		-	55 A C
8010 N. U	IVERSITY DR	8010 N. UNIVERSITY DR	<u> </u>
	_FL	TAMARAC, FL	
33321		33321	
			- <u>単</u> 値 (4)
ARTICLE	II - Registered Agent, Registered Office, &	& Registered Agent's Signature:	(a)
Ine Limite	Liability Company cannot serve as its own	Registered Agent. You must designate an ii	ndividual or
anoiner bus	ness entity with an active Florida registration	n.)	
The name a	d the Florida street address of the registered	Arent are:	
	a me i fortua su cer addicas of die registered	agent are.	
	CAMERON LAW GROUP, P.A.	Δ.	
	Name		
1			
	8010 N. UNIVERSITY DR		
	Florida street address (P.O. Box	NOT acceptable)	
	TAMARAC,	FL 33321	
	City	Zip	
	ŕ	•	
Having bea	n named as registered agent and to accept ser	vice of process for the above stated limited l	liability company at
	designated in this certificate, I hereby accept		
capacity.	further agree to comply with the provisions o	of all statutes relating to the proper and com	plete performance
of my du	ies, and I am familiar with and accept the obl		is provided for in
	Chapte	er 605, F.S	
	ds ()		
	18/		
	Registered Agent's Signat	DITE (PEOLIPED)	
1	Augistered Aguit a Bigilat	ane (REQUIRED)	
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i	(CONTINUI	ED)	
j	Provide AM		

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