## #L/5000032360

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	





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K.SALY EXAMINER EB 2 3 2015

## **COVER LETTER**

TO:	Registration Division of C			
SUBJI	ECT: <u>S&amp;BA</u>	dventures, LLC Name of Lin	nited Liability Company	<del> </del>
		of Organization and fee(s) are	Ť	
rease	BonnieJe	-	Name of Person	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>
	S & B Ad	ventures, LLC	Firm/Company	
	172 Ashle	еу Loop	Address	
	<u>Davenpor</u>	1, FL 33837		
<u>.s</u> i	3AdventureTe	am@yahoo com	ity/State and Zip Code	ition)
For fur	ther information	concerning this matter, plea	ase call:	
<u>Bonni</u>	eJean Grady Nam	at (3	352 ) 428-0840 Area Code Daytime Tel	lephone Number
Enclos	ed is a check fo	r the following amount:		
<b>□ \$</b> 125.0	0 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)
	Mai	ling Address	Street/Courier Add	r <u>ess</u>

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	۳ž
The name of the Limited Liability Company is:	ighility Company "LLC" or "LC")
S & B Adventures, LLC	五二 下
	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	ma Z
The mailing address and street address of the principal offi	ice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
172 Ashley Loop	172 Ashley Loop
Davenport, FL 33837	Davenport, FL 33837
another business entity with an active Florida registration.  The name and the Florida street address of the registered a  BonnieJean Grady	
Name	
172 Ashley Loop Florida street address (P.O. Box ]	NOT acceptable)
Davenport	FL 33837
City	Zip
the place designated in this certificate, I hereby accept a capacity. I further agree to comply with the provisions of	ice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this fall statutes relating to the proper and complete performance gations of my position as registered agent as provided for in

Chapter 605, F.S..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	BonnieJean Grady S
	172 Ashley Loop
	Davenport, FL 33837
	Davenport, 1 L 03837
AMPD	Coott Thomas Amundoon
AMBR	Scott Thomas Amundsen
	172 Ashley Loop
	Davenport, FL 33837 Rg
	70
47-4-4-4-3-7-3-7	
	<u> </u>
<u> </u>	
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(Use attachment if necessary)  EV: Effective date, if other than the octive date is listed, the date must be filling.)  EVI: Other provisions, if any.	date of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90
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EV: Effective date, if other than the octive date is listed, the date must be filling.)  EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a (In accordance with section constitutes an affirmation use I am aware that any false in constitutes a third degree for Bonnie Jean (Bonnie Jean (Bo	member or an authorized representative of a member.  605.0203 (1) (b), Florida Statutes, the execution of this document inder the penalties of perjury that the facts stated herein are true.  formation submitted in a document to the Department of State slony as provided for in s.817.155, F.S.)

ARTICLE IV-