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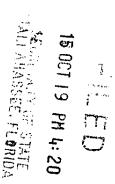
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S. GILBERT

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: SB62 HOLDTNGS, 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:
J. SCOTT BECKER
Name of Person
SB62 HOLDOVGS, LLC Firm/Company
509 PAUL MORRIS DR.
Address
ENGLEWOOD FL 34223 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
SCOTT BECKER at (941) 473-0620 EXT 702 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certificate Opy (additional copy is enclosed)} \$
Mailing Address New Filing Section Street Address New Filing Section

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

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	LED
(Must end with the words "Limited Liability Company, "L.L.C.," o	15 OCT 19 PM 4: 20
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Co	mpany is:
Principal Office Address:	lailing Address:
509 PAUL MORRIS DR ENGLEWOOD FL 34223 SAM	u <u>E</u>
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signatur (The Limited Liability Company cannot serve as its own Registered Agent. You must desanother business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	
J. SCOTT BECKER	
338 ARDENWOOD DR	<u>. </u>
Florida street address (P.O. Box NOT acceptable)	7
City State Zip	<u> </u>
Having been named as registered agent and to accept service of process for the above stated place designated in this certificate, I hereby accept the appointment as registered agent and further agree to comply with the provisions of all statutes relating to the proper and complet am familiar with and accept the obligations of my position as registered agent as provided for Registered Agent's Signature (REQUI	agree to act in this capacity. I te performance of my duties, and I for in Chapter 605, F.S

Page 1 of 2

(CONTINUED)

	Name and Address:
"AMBR" = Authorized Men "MGR" = Manager	oer
INGR Wanager	J. SCOTT BECKER
717151	339 ARNBULVOU DIE
	ENGLEWOLD, FL 34223
	•
V: Effective date, if other ctive date is listed, the date filling.)	an the date of filing: (OPTIONAL) must be specific and cannot be more than five business days prior to or 90 days days not meet the applicable statutory filing requirements, this date will not be
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ARTICLE IV-

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