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16 JUN 20 PH 1: 40

# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: SBL CAPITAL 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:
Stephan Boushira Name of Person
SBL CAPITAL LLC
Firm/Company
20520 NE 22 NO P1.
Address
Miami, FL 33/80
City/State and Zip Code
E-mail address: (to be used for future/annual report notification)
For further information concerning this matter, please call:
For further information concerning this matter, prease can.
Stoken Boushing at (786) 863 - 1575  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)

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

# Street Address

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

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the L	imited Liability	Company is:		
	SBL	CAPITAL	LLC	

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

## ARTICLE II - Address:

ARTICLE I - Name:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
300 S. Pine Island Rd.	20520 NE 22 Nd Pl.
50.tp 309	14
DY I F 1 5 2220 4	1112MI, PL 331XO
1 RN RWW, 1 - 33524	

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Stephan Boushira

Name

2520 NE 22 NO P |

Florida street address (P.O. Box NOT acceptable)

Tight 33182

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:		
AMBR	Stephen Boushira 20520 NF 22 Nd Pl. Diami, Fr 33182		
<del></del>		_	
(Use attachment if necessary)  ARTICLE V: Effective date, if other than the date of filir (If an effective date is listed, the date must be specific at the date of filing.)  Note: If the date inserted in this block does not meet the the document's effective date on the Department of States.	and cannot be more than five business days prior to one applicable statutory filing requirements, this date wil		•
ARTICLE VI: Other provisions, if any.			_
REQUIRED SIGNATURE:	or an authorized representative of a member.		
This document is executed in a I am aware that any false inform	or an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statu mation submitted in a document to the Department of S y as provided for in s.817.155, F.S.	ites.	
Тур	EOUS HIRA- ed or printed name of signee	<b>6</b>	
\$125.00 Filing Fee for Articles of Organiza \$ 30.00 Certified Copy (Optional)	Filing Fees: tion and Designation of Registered Agent	JUN 20	
\$ 5.00 Certificate of Status (Optional)			3-4

The name and address of each person authorized to manage and control the Limited Liability Company:

ARTICLE IV-