## L16000150968

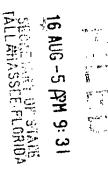
(Re	questor's Name)	
(Ad	dress)	
(A.4)	d-s-s-	<u></u>
(Au	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(50	Siliess Littly Ivali	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
<u></u>		
Special Instructions to	Filing Officer:	
<u> </u>		





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08/05/16--01021--019 \*\*125.00



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## **COVER LETTER**

10:	Division of Corporations		
CHELE	SideBar Tradelines, LLC		
SUBJE		f Limited Liabi	lity Company
The enc	losed Articles of Organization and fee(	s) are submitted	l for filing.
Please re	eturn all correspondence concerning th	is matter to the	following:
	Stephenie Barbuto		
		Name of	Person
	SideBar Tradelines, LLC		
		Firm/Co	ompany
	739 NE 17th Rd.		
		Add	ress
	Fort Lauderdale, FL 33304		
	stepheniebarbuto@icloud.com	City/State ar	nd Zip Code
		used for future	annual report notification)
For furthe	er information concerning this matter, p	lease call:	
	Stephenie Barbuto	954 .t (	2880482
	Name of Person	`	Daytime Telephone Number
Enclose	d is a check for the following amount:		
	Filing Fee \$130.00 Filing Fee Certificate of Statu	s LLCertif	00 Filing Fee & S160.00 Filing Fee, ied Copy Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address		Street Address
	New Filing Section Division of Corporations		New Filing Section Division of Corporations
	P.O. Box 6327		Clifton Building
	Tallahassee, FL 32314		2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

SideBar Tradelines, LI			
(Must end w	ith the words "Limited Lia	bility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street add	iress of the principal office	of the Limited Liability Company is:	
<u>Principal</u>	Office Address:	Mailing Address:	
739 NE 17th Rd.	*	739 NE 17th Rd.	
Fort Lauderdale FL 33	304	Fort Lauderdale, FL 33304	
ARTICLE III - Registered Agen			
(The Limited Liability Company c another business entity with an ac		istered Agent. You must designate an individual of	or
•	,		1 cg
The name and the Florida street ad	ldress of the registered age	nt are:	
	Stephenie Barbuto		
	Na	me	288 288 <b>2</b> 2
		me	5 PH
	739 NE 17th Rd.	o. Box NOT acceptable)	SSEEFLO
	739 NE 17th Rd. Florida street address (P.	O. Box NOT acceptable)	5 PM 9: 31
	739 NE 17th Rd.	O. Box NOT acceptable)	5 PH 9: 31
	739 NE 17th Rd. Florida street address (P. Fort Lauderdale, FL 3330 City	O. Box NOT acceptable)  State Zip	9: 31 5 TAPE: 1
	739 NE 17th Rd. Florida street address (P. Fort Lauderdale, FL 3330 City gent and to accept service of	O. Box <b>NOT</b> acceptable)  State Zip  f process for the above stated limited liability comp	9: 31
place designated in this certificate, I	739 NE 17th Rd.  Florida street address (P.  Fort Lauderdale, FL 3330  City  gent and to accept service of hereby accept the appoints	O. Box NOT acceptable)  State Zip  f process for the above stated limited liability comp nent as registered agent and agree to act in this cap	any at the pacity. I
place designated in this certificate, I further agree to comply with the pro	739 NE 17th Rd.  Florida street address (P.  Fort Lauderdale, FL 3330  City  gent and to accept service of hereby accept the appoints visions of all statutes relations.	O. Box <b>NOT</b> acceptable)  State Zip  f process for the above stated limited liability comp	oany at the pacity. I luties, and I
place designated in this certificate, I further agree to comply with the pro	739 NE 17th Rd.  Florida street address (P.  Fort Lauderdale, FL 3330  City  gent and to accept service of hereby accept the appoints visions of all statutes relations.	O. Box NOT acceptable)  State Zip  f process for the above stated limited liability comp ment as registered agent and agree to act in this cap ag to the proper and complete performance of my d	oany at the pacity. I huties, and I
place designated in this certificate, I further agree to comply with the pro	739 NE 17th Rd. Florida street address (P. Fort Lauderdale, FL 3330 City gent and to accept service of hereby accept the appoints visions of all statutes relating gations of my position as re	O. Box NOT acceptable)  State Zip  f process for the above stated limited liability comp ment as registered agent and agree to act in this cap ag to the proper and complete performance of my d	oany at the pacity. I huties, and I

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
77	
(Use attachment if necessary)  EV: Effective date, if other than the date of filing:	(OPTIONAL)
EV: Effective date, if other than the date of filing: ctive date is listed, the date must be specific and filing.) the date inserted in this block does not meet the anent's effective date on the Department of State'	d cannot be more than five business days prior to or 90 applicable statutory filing requirements, this date will not
EV: Effective date, if other than the date of filing: ctive date is listed, the date must be specific and filing.) the date inserted in this block does not meet the anent's effective date on the Department of State' EVI: Other provisions, if any.	d cannot be more than five business days prior to or 90 applicable statutory filing requirements, this date will not s records.
EV: Effective date, if other than the date of filing: ctive date is listed, the date must be specific and filing.) the date inserted in this block does not meet the anent's effective date on the Department of State'	d cannot be more than five business days prior to or 90 applicable statutory filing requirements, this date will not s records.
EV: Effective date, if other than the date of filing: ctive date is listed, the date must be specific and filing.) the date inserted in this block does not meet the anent's effective date on the Department of State' EVI: Other provisions, if any.	d cannot be more than five business days prior to or 90 applicable statutory filing requirements, this date will not s records.
E V: Effective date, if other than the date of filing: ctive date is listed, the date must be specific and f filing.) the date inserted in this block does not meet the a nent's effective date on the Department of State' E VI: Other provisions, if any.  Signature of a member of This document is executed in acc I am aware that any false informatics.	applicable statutory filing requirements, this date will not s records.

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)