

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



300318668633

09/27/18--01008--030 **160.00

K PAGE 007 01 2018

18 SEP 27 PM 1: 17

COVER LETTER

то:	New Filing Section Division of Corporations				
SUBJE	SRBC HOLDINGS LLC				
Name of Limited Liability Company					
The enc	closed Articles of Organization and fee(s) are submitted for filing.				
Please re	return all correspondence concerning this matter to the following:				
	RAYMOND M. DITIRRO				
	Name of Person	-			
	SANDY & RAY REALTY LLC				
	Firm/Company				
	2041 ISOLA BELLA BLVD				
	Address				
	MOUNT DORA, FL 32757				
	City/State and Zip Code RAY@SANDYANDRAY.COM	-			
	E-mail address: (to be used for future annual report notification)	-			
For furthe	er information concerning this matter, please call:				
	RAY DITIRRO 352 430.5846				
	Name of Person Area Code Daytime Telephone Number				
Enclosed	d is a check for the following amount:				
]\$ 125.00	S130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) S160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)				
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301				

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
SRBC HOLDINGS LLC				
(Must contain the words "Limited Liability C	Company, "L.L.C ₁ ," or "LLC.")			
ARTICLE II - Address: The mailing address and street address of the principal office of the	e Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
2041 ISOLA BELLA BLVD.	2041 ISOLA BELLA BLVD.			
MOUNT DORA, FL 32757	MOUNT DORA, FL 32757			
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:				
•	•			
RAYMOND M. DITIRRO Name				
2041 ISOLA BELLA BLVD				

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..

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

FL

State

MOUNT DORA

City

Registered Agent's Signature (REQUIRED)

32757

Zip

(CONTINUED)

18 SEP 27 PM 1: 17
SECAL FOR SEE, FLORIDA

ARTICLE IV-

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

	Title:	Name and Address:
	"AMBR" = Authorized Membe "MGR" = Manager	
	MGR	RAYMOND M. DITIRRO
		2041 ISOLA BELLA BLVD. MOUNT DORA, FL 32757
		MOUNT DORA, PE 32737
	AMBR	SANDRA J. DITIRRO
		2041 ISOLA BELLA BLVD.
		MOUNT DORA, FL 32757
	(Use attachment if necessary)	
RTIC	LFV: Effective date if other than	he date of filing: (OPTIONAL)
lfane	ffective date is listed, the date mi	t be specific and cannot be more than five business days prior to or 90 days after
he date	e of filing.)	
		es not meet the applicable statutory filing requirements, this date will not be listed as
he doc	cument's effective date on the Dep	rtment of State's records.
RTIC	CLE VI: Other provisions, if any.	
	REQUIRED SIGNATURE:	÷ 110
	***************************************	I(M(M))
	Signatur	of a member or an authorized representative of a member.
	i nis aocument	executed in accordance with section 605.0203 (1) (b), Florida Statutes.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

RAYMOND M. DITIRRO

Typed or printed name of signee

Filing Fees:

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

18 SEP 27 PN 1: 17

JIVISION OF CORPORATION