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(Req	uestor's Name)			
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PICK-UP	WAIT	MAIL		
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(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				
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SECRETARY OF STATE
TALLAHASSEE, FL

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N CHILLS .

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 8/10/2020		##11/A.J.V. Think
SDS LINI	TALLO	**WALK IN**
ENTITY NAME SBS UNI	1 4 LLC	
DOCUMENT NUMBER		
	PLEASE FILE THE ATTACHED AND RETURN	
XXXX	Plain Copy	
<u></u>	Certified Copy	
	Certificate of Status	
	Certified Copy of Arts & Amendments Certificate of Good Standing	
	APOSTILLE' / NOTARIAL CERTIFICATION	
COUNTRY OF DESTINATION	DN	
NUMBER OF CERTIFICATI		
TOTAL OWED \$125.00	ACCOUNT #: I201600000	72
Please call Tina at the	above number for any issues or concerns. Thank you	so much!

ARTICLE 1 - Name: The name of the Limited Liability Company is: SBS UNIT 4 LLC (Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.") ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: 9291 Bayberry Bend, Unit 104 71 Indian Wells Road Fort Meyers, Florida 33908 Brewster, New York 10509 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: Sean DeGaray Name 9291 Bayberry Bend, Unit 104 Florida street address (P.O. Box NOT acceptable) Fort Myers City State Zip

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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.

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Brian DeGaray
Authorized Member	•
	71 Indian Wells Road, Brewster, New York 10509
Authorized Member	Stephen DeGaray 157 West Rogues Path, Huntington, NY 11743
- i=	157 West Rogues Faith, Humangton, NY 11743
Authorized Member	Scan DeGaray 140 Shadow Lake Road, Ridgefield, CT 06877 CE 28
	140 Shadow Lake Road, Ridgefield, CT 06877
	TAN AHA
	S 0:
(Use attachment if necessary)	다. 5 8
(II an effective date is listed, the date must be s the date of filing.)	pecific and cannot be more than five business days prior to or 90 days after
the document's effective date on the Departmen	meet the applicable statutory filing requirements, this date will not be listed as t of State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
Signature of a re-	Mill !
I his document is execu I am aware that any fals	ember or an authorized representative of a member. Ited in accordance with section 605.0203 (1) (b), Florida Statutes. e information submitted in a document to the Department of State e felony as provided for in s.817.155, F.S.
Scan DeGaray	to following as provinced for in 5.817.100, F.S.
	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)