L 20000289707

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

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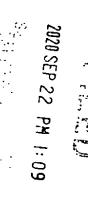


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DIFICULTY OF IDE DIVISION OF CORPORATION TALLAHASSEE, FLORIDA

RECEIVED

C RICO SEP 22 2020



Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

incserv°

ORDER FORM

TO Florida Department of State

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303

corphelp@dos.myflorida.com

850-245-6051

FROM

Melissa Stops

mstops@incserv.com

850.656.7953

REQUEST DATE 9/22/2020 PRIORITY Routine

OUR REF_#_(Order_ID#)] 854097

ORDER ENTITY

\$155.00 Authorized

SBR I LLC

DI EACE DEDEAD	M THE PALL OUTLIA OF DUTOFC.
PLEASE PEKTUR	M THE FOLLOWING SERVICES:
SBRILLC (FI	-)

Please file the attached articles and provide a certified copy as evidence.

NOTES:__

Email address for annual report reminders: jim@weinbergpc.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Tuesday, September 22, 2020 Page 1 of 1

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

SBRI LLC		
(Must contain the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal office of	of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
C/O JAMES SEXTON	C/O JAMES SEXTON	
242 WEST 53RD STREET, APT., 44F	242 WEST 53RD STREET, APT., 44	F
NEW YORK, NEW YORK 10019	NEW YORK, NEW YORK 10019	
	HEW TORK, HEW TORK 10019	
ARTICLE III - Registered Agent, Registered Office, & Re (The Limited Liability Company cannot serve as its own Registanother business entity with an active Florida registration.)	gistered Agent's Signature: stered Agent. You must designate an individual	2020
(The Limited Liability Company cannot serve as its own Regis	gistered Agent's Signature: stered Agent. You must designate an individual	2020 SEF
(The Limited Liability Company cannot serve as its own Regis another business entity with an active Florida registration.)	gistered Agent's Signature: stered Agent. You must designate an individual	2020 SEP 2
(The Limited Liability Company cannot serve as its own Regis another business entity with an active Florida registration.) The name and the Florida street address of the registered agent	gistered Agent's Signature: stered Agent. You must designate an individual tare:	2020 SEP 22
(The Limited Liability Company cannot serve as its own Regis another business entity with an active Florida registration.) The name and the Florida street address of the registered agen INCORPORATING SERV	gistered Agent's Signature: stered Agent. You must designate an individual tare:	2020 SEP 22 PM
(The Limited Liability Company cannot serve as its own Regis another business entity with an active Florida registration.) The name and the Florida street address of the registered agen INCORPORATING SERV	gistered Agent's Signature: stered Agent. You must designate an individual t are: /ICES, LTD.	2020 SEP 22 PM
(The Limited Liability Company cannot serve as its own Regis another business entity with an active Florida registration.) The name and the Florida street address of the registered agenth INCORPORATING SERV Name 1540 GLENWAY DRIVE	gistered Agent's Signature: stered Agent. You must designate an individual t are: //ICES, LTD, ne	2020 SEP 22 PM

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)

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Title: Name and Address: "AMBR" = Authorized Member "MGR" = Manager MGR JAMES SEXTON 242 WEST 53RD STREET, APT., 44F NEW YORK, NEW YORK 10019 AMBR LAWRENCE K. SEXTON 309 FIFTH AVENUE, APT., 3C NEW YORK, NEW YORK 10016 AMBR MASON SEXTON JR. 309 FIFTH AVENUE, APT., 3C **NEW YORK. NEW YORK 10016** (Use attachment if necessary)

(and undermited it indecessary)

ARTICLE V: Effective date, if other than the date of filing:	(OPTIONAL
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(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.			
	_ .		

REQUIRED SIGNATURE:

Lavene a Kisch

Signature of a member or an authorized representative of a member.

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.

LAWRENCE A. KIRSCH

Typed or printed name of signce

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)