

L21000148468

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

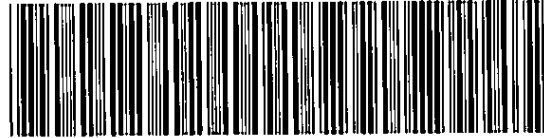
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

SFL TRUSTEE LLC

Signature

Requested by: SETH

04/06/21

Name

Date

Time

Walk-In

Will Pick Up

Art of Inc. File

LTD Partnership File

Foreign Corp. File

L.C. File

Fictitious Name File

Trade/Service Mark

Merger File

Art. of Amend. File

RA Resignation

Dissolution / Withdrawal

Annual Report / Reinstatement

Cert. Copy

Photo Copy

Certificate of Good Standing

Certificate of Status

Certificate of Fictitious Name

Corp Record Search

Officer Search

Fictitious Search

Fictitious Owner Search

Vehicle Search

Driving Record

UCC 1 or 3 File

UCC 11 Search

UCC 11 Retrieval

Courier

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SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLES OF ORGANIZATION
OF
SFL TRUSTEE LLC

ARTICLE I - NAME

The name of the limited liability company is **SFL TRUSTEE LLC**, ("Company").

ARTICLE II - ADDRESS

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

Principal Office Address:

6750 N. Andrews Ave, Suite 200
Ft. Lauderdale, Florida 33309

Mailing Address:

6750 N. Andrews Ave, Suite 200
Ft. Lauderdale, Florida 33309

ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

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

D. Ross Bridger
6750 N. Andrews Ave, Suite 200
Ft. Lauderdale, Florida 33309

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..



D. Ross Bridger

ARTICLE IV - MANAGER

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

Title:
"MGR" = MANAGER

MGR

Name and Address:

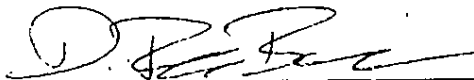
D. Ross Bridger
6750 N. Andrews Ave, Suite 200
Ft. Lauderdale, Florida 33309

SECRETARY OF STATE
TALLAHASSEE, FL

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REQUIRED SIGNATURE:



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

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

D. Ross Bridger

Typed or printed name of signer