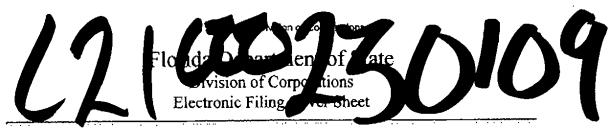
5/19/2021



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(((H210002013813)))



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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : TAXPEOPLE LLC Account Number : 120200000160

: (772)460-1000

Fax Number

: (772)777-3071

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: sandraelmekies1@gmail.com

FLORIDA LIMITED LIABILITY CO. SBD BUILDINGS, LLC

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Corporate Filing Menu

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COVER LETTER

TO:	New Filing Section Division of Corpo						
CURA		SBI) BUII	DING,	, LLC		
SUBJI	····	Nam	e of Limit	ed Liabilit	y Company		. 5
The en	closed Articles of Or	ganization and f	ee(s) are s	submitted i	or filing.		11.73.85
Please	return all correspond	lence concerning	this matt	er to the fo	llowing:		(a)
			C	audio Tole	edo Ribeiro		
				Name of I	Person		
				TaxPeo	pie LLC		**
			· <u>-</u>	Firm/Cor	пралу		
			2	855 SW B	righton St		
				Addre	:SS		
			P	ort St Luci	e, FL 34953		
				•	i Zip Code		
		mail address: (to		<u>_</u>	eoplefl.com nnual report notification	on)	
For fur	ther information cond						
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≡St	25.00 Filing Fee	Certificate of S		Certifi	5.00 Filing Fee & led Copy lal copy is enclosed)	Certified C	of Status &
	New Fi	Address ling Section n of Corporation ox 6327	13		Street Address New Filing Section D The Centre of Tallah 2413 N. Monroe Stre	assee æt, Suite 8 10	

Tallahassee, FL 32314

Tallahassee, FL 32303

(((H210002013813)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	SBD BUILI	DING, LLC	
(Must conta	in the words "Limited Lis	ability Company, "	L.L.C.," or "LLC.")
RTICLE II - Address:	Idress of the principal offi	ice of the Limited I	Gability Company is:
-	al Office Address:		Mailing Address:
343 ADAMO WAY		3/1 /	ADAMO WAY
			NUMBER OF A L
MELBOURNE, FL 3	ent, Registered Office, & cannot serve as its own R	MEL Registered Agen legistered Agent. Y	BOURNE, FL 32904
MELBOURNE, FL 3 ARTICLE III - Registered Age The Limited Liability Company	ent, Registered Office, & cannot serve as its own R active Florida registration. address of the registered a	MEL. Registered Agent. Y. Compared Agent. Y. Compar	BOURNE, FL 32904 t's Signature:
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he nd I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my au am familiar with and accept the obligations of my position as revisiered avent as provided for in Chapter 605, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

(((H21000201381 3)))

litle:	Name and Address:
AMBR" = Authorized Member MGR" = Manager	
_	SANDRA ELMEKIES
AMBR	343 ADAMO WAY
	MELBOURNE, FL 32904
 	
(Use attachment if necessary)	
	the date of filing: (OPTIONAL)
ctive date is listed, the date mu f filing.) the date inserted in this block do nent's effective date on the Dep	est be specific and cannot be more than five business days prior to or 9 ties not meet the applicable statutory filing requirements, this date will to artment of State's records.
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