## L21000288022

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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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2021 JUN 21 PM 3: 44

2821 JUN 21 AM II: 58 BECRET/ARY OF STATE TALLAHASSEE, FL

EI JUN 21 AHIII:

11/1/25/21

## CAPITAL CONNECTION, INC.

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

SEBA HOLDING	S, LLC	<u> </u>	
<u>.</u>			
			_
			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
ignature			Fictitious Owner Search
			Vehicle Search
<del></del>			Driving Record
Requested by:			UCC 1 or 3 File
Vama	Data	Time	UCC II Search
Name	Date	THUC	UCC 11 Retrieval
Walk-In	Will Pick	Up	Courier

## COVER LETTER

	New Filing Sec Division of Cor				
SUBJEC		LDINGS, LLC			
SUBJEC	·	Name of	Limited Liabil	ity Company	
The enclo	osed Articles of	Organization and fee(s	) are submitted	for filing.	
Please ret	um all correspo	ndence concerning this	matter to the	following:	
	Eric P. Gros-	-Dubois, ESQ.			
		<del>-</del>	Name of	Person	
	EPGD Attor	neys at Law, P.A.			
	.,		Firm/Co	mpany	
	777 SW 37th	Avenue, Suite 510			
			Addr	ess	
	Miami, FL 3	3135			
	eric@epgdlav	v.com	City/State ar	d Zip Code	
		E-mail address: (to be u	sed for future	innual report notificati	ion)
For further	information con	ncerning this matter, pl	ease call:		
	Eric P. Gros-		786 (	837-6787	
	Nam	e of Person	···	Daytime Telephon	e Number
Enclosed	is a check for the	he following amount:			
	00 Filing Fee	□\$130,00 Filing Fe Certificate of Status	Certif	5.00 Filing Fee & ied Copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New F	ng Address iling Section on of Corporations		Street Address New Filing Section D The Centre of Tallah	
	P.O. B	ox 6327 assee, FL 32314		2415 N. Monroe Stre Tallahassee, Fl. 3230	et, Suite 810

FILED

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2021 JUN 21 AMII: 59

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

SECRETARY OF STATE

			TALLAH
SEBA HOLDIN			
(Must	contain the words "Limited	Liability Company, '	"L.L.C.," or "LLC.")
RTICLE II - Address:			
he mailing address and stre	eet address of the principal of	office of the Limited	Liability Company is:
<u>Pri</u>	ncipal Office Address:		Mailing Address:
777 SW 37th A	venue, Suite 510	<u></u>	SW 37th Avenue, Suite 510
MIAMI, FL 331	35	MIA	MI, FL 33135
The Limited Liability Com	Agent, Registered Office, pany cannot serve as its own an active Florida registration	n Registered Agent. \	it's Signature: You must designate an individual or
The Limited Liability Compother business entity with	pany cannot serve as its own	n Registered Agent. \ on.) d agent are:	
The Limited Liability Com- nother business entity with	pany cannot serve as its own an active Florida registration treet address of the registered	n Registered Agent. \ on.) d agent are:	
The Limited Liability Comnother business entity with	pany cannot serve as its own an active Florida registration treet address of the registered	n Registered Agent. Non.) d agent are: Law, P.A. Name	
The Limited Liability Com- nother business entity with	pany cannot serve as its own an active Florida registration an active Florida registration and active Florida registered treet address of the registered EPGD Attorneys at	n Registered Agent. Non.) d agent are: Law, P.A. Name	You must designate an individual or
The Limited Liability Comnother business entity with	pany cannot serve as its own in an active Florida registration and active Florida registered address of the registered EPGD Attorneys at 777 SW 37th Avenue	n Registered Agent. Non.) d agent are: Law, P.A. Name	You must designate an individual or

H plefurther 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)

"AMBR" = A "MGR" = Ma	uthorized Member			
		ONLIDOCU CUINAZOM		
MGR	<del></del>	ONUBOGU, CHINAZOM 777 SW 37th Avenue, Suite 510		
		MIAMI, FL 33135		
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			—— <u></u>	
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(Use attachm	ent if necessary)		EE, FL	
·		(ADTIONA)	STATE	ı
LEV: Effectiv	e date, if other than the d	late of filing:	STATE L)	
LEV: Effectiv	e date, if other than the d	late of filing: (OPTIONAl specific and cannot be more than five business days prior t	STATE L)	
LEV: Effective date is of filing.) If the date inse	e date, if other than the d listed, the date must be rted in this block does no	specific and cannot be more than five business days prior to ot meet the applicable statutory filing requirements, this date	L) to or 90 days after	:r
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LE V: Effective date is of filing.) If the date inseument's effection. LE VI: Other p	re date, if other than the disted, the date must be red in this block does not be date on the Department of a signature of a This document is exell am aware that any first document and document any first document any first document and do	ot meet the applicable statutory filing requirements, this date ent of State's records.  Manual of State of Sta	to or 90 days after will not be listed	:r
LE V: Effective date is of filing.) If the date inseument's effection. LE VI: Other p	re date, if other than the disted, the date must be red in this block does not be date on the Department of a signature of a This document is exell am aware that any first document and document any first document any first document and do	member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida State information submitted in a document to the Department of gree felony as provided for in s.817.155, F.S.	to or 90 days after will not be listed	:r

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

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)