Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000232217 3)))



H220002322173ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : COHEN, NORRIS, WOLMER, RAY, TELEPMAN & COHEN

Account Number : I20020000140 Phone : (561)844-3600 Fax Number : (561)842-4104

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

Email Address: BORGHESEL @ South beach brew. com

FLORIDA LIMITED LIABILITY CO.

SBBC AT 13th and 1st, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

FILED

22 JUL -7 PM 12: 35

SECRETARY OF STATE
TAIL ANIASSEE, FLORID

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

	ew Filing Sec ivision of Cor							
SUBJECT		131'H AND 1ST, I	LLC					
SUBJECT	·	Nam	e of Limited	Liability Company				
The enclos	ed Articles of	Organization and	(cc(s) are sub	mitted for filing.				
Picase retu	rn all correspo	ondence concerning	g this matter t	o the following:				
	GREGORY	R. COHEN, ESQ.						
	•		Na	ame of Person				
	Cohen Norri	s Wolmer Rary Te	lepman Berk	owitz & Cohen				
			Fi	rm/Company				
	712 U.S. Hig	ghway One, Suite 4	10 0					
				Address	· <u>-</u>			
	North Palm I	Bcach, FL 33408						
	BODCHESEI	_@SOUTHBEAC	•	tate and Zip Code		= 1,0	63	
				uture annual report no	oufication)		?	
For further i		ncerning this matte		-	,	AHAS	JUL -7 PM 12: 35	==
	Karin Drakas		561 _at (844-3600)		SEE, F	7 PX	FILED
	Nam	c of Person	Ares C	ode Daytime Te	lephone Number	ELOR FLOR	25:	
Enclosed is	s a check for ti	ne following amou	nt:			DA H	ဘ	
≘\$ 125.00	Filing Fee	□\$130.00 Filing Certificate of St	atus (□\$155.00 Filing Fee Certified Copy ditional copy is enclo	Certific oscd) Certific	.00 Filing Fee, tate of Status & d Copy al copy is enclos	ed)	
		g Address iling Section		Street Address New Filing Sec				

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AR	TI	CI	.)	ĭ	- N	яm	e:

The name of the Limited Liability Company is:

SBBC AT 13TH AND 1ST. 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:

701 South Olive Avenue, Unit 1012 701 South Olive Avenue, Unit 1012 West Palm Beach, FL 33401 West Palm Beach, FL 33401

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:

Lorenzo Borghese Name 701 South Olive Avenue, Unit 1012 Florida street address (P.O. Box NOT acceptable)

West Palm Bech City State

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..

Lorungo Borgluse

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

	Name and Address:
"AMBR" - Authorized Member	tr
"MGR" = Manager	
MGR	LORENZO BORGHESE
<u>marc</u>	701 South Olive Ave., Unit 1012
	West Palm Beach, FL 33401
MGR	RYAN LLOYD
	14355 NW 15th Street
	Pemproke Pines, FL 33028
(Use attachment if necessary)	
CLE V: Effective date, if other tha	n the date of filing: (OPTIONAL)
CLE V: Effective date, if other that effective date is listed, the date in	n the date of filing: (OPTIONAL) ust be specific and cannot be more than five business days prior to or 90 days after
effective date is usted, the date m te of filing.)	inst De specific and cannot be more than live business days prior to or 90 days after
effective date is listed, the date in te of filing.) If the date inserted in this block i	does not meet the applicable statutory filing requirements, this date will not be listed a
effective date is usted, the date m te of filing.)	does not meet the applicable statutory filing requirements, this date will not be listed a
the of filing.) If the date inserted in this block comment's effective date on the De	does not meet the applicable statutory filing requirements, this date will not be listed a
effective date is listed, the date in te of filing.) If the date inserted in this block i	does not meet the applicable statutory filing requirements, this date will not be listed a
the of filing.) If the date inserted in this block comment's effective date on the De	does not meet the applicable statutory filing requirements, this date will not be listed a
the of filing.) If the date inserted in this block comment's effective date on the De	does not meet the applicable statutory filing requirements, this date will not be listed a
the of filing.) If the date inserted in this block comment's effective date on the De	does not meet the applicable statutory filing requirements, this date will not be listed a
the of filing.) If the date inserted in this block comment's effective date on the De	does not meet the applicable statutory filing requirements, this date will not be listed a
reference date is listed, the date in the of filing.) If the date inserted in this block cument's effective date on the Decrease of the Decre	does not meet the applicable statutory filing requirements, this date will not be listed a partment of State's records.
reference date is listed, the date in the of filing.) If the date inserted in this block is cument's effective date on the Decree VI: Other provisions, if any. REQUIRED SIGNATURE:	does not meet the applicable statutory filing requirements, this date will not be listed a partment of State's records.
REQUIRED SIGNATURE:	does not meet the applicable statutory filing requirements, this date will not be listed a partment of State's records. LSC. The of a member or an authorized representative of a member.
REQUIRED SICOLATURE: Lorumo Bordu SECONS SIGNATURE:	does not meet the applicable statutory filing requirements, this date will not be listed a partment of State's records. LSL re of a member or an authorized representative of a member. t is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
REOURED SICULATURE: Lorens Bords SECRES Signatur This document I am aware tha	does not meet the applicable statutory filing requirements, this date will not be listed a partment of State's records. LSC. The of a member or an authorized representative of a member.
REQUIRED SICALTURE: Lorumo Bordu This document am aware tha constitutes a th	does not meet the applicable statutory filing requirements, this date will not be listed a parlment of State's records. LSL re of a member or an authorized representative of a member. t is executed in accordance with section 605.0203 (1) (b), Florida Statutes. t any false information submitted in a document to the Department of State and degree felony as provided for in s.817.155, F.S.
REQUIRED SIGNATURE: Lorung Borga This document I am aware tha constitutes a th	does not meet the applicable statutory filing requirements, this date will not be listed a partment of State's records. LSC re of a member or an authorized representative of a member. It is executed in accordance with section 605.0203 (1) (b), Florida Statutes. It any false information submitted in a document to the Department of State any false information submitted in s.817.155, F.S. Borghese
REQUIRED SICALTURE: Lorumo Bordu This document am aware tha constitutes a th	does not meet the applicable statutory filing requirements, this date will not be listed a parlment of State's records. LSL re of a member or an authorized representative of a member. t is executed in accordance with section 605.0203 (1) (b), Florida Statutes. t any false information submitted in a document to the Department of State and degree felony as provided for in s.817.155, F.S.

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

FILED

22 JUL -7 PH 12: 35

SECRETARY OF STATE
ALL AHASSEE ELOBIN