

L22000301241

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

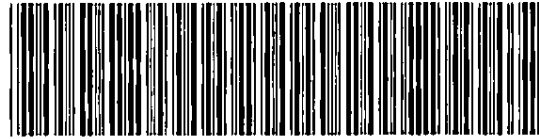
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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ALLIANCE STATE
ALLIANCE, FLORIDA

2022 JUL -7 AM 9:02

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ALLIANCE, FLORIDA

2022 JUL -5 PM 3:5

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[Handwritten signature]



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 5, 2022

FLORIDA CAPITAL COURIER SERVICES

SUBJECT: SAMBEN LLC
Ref. Number: W22000088782

We have received your document for SAMBEN LLC and your check(s) totaling \$1,000.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as an existing entity. It is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P12000103684.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Matthew T Moon
Regulatory Specialist II Supervisor

Letter Number: 022A00015041

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

2022 JUL -7 AM 9:02

CLERK OF STATE
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

PLEASE USE FUNDS FROM THE ACCOUNT: 120210000160 AMOUNT: 125.00

AUTHORIZED SIGNATURE James Fullen
Samben LLC
BUSINESS

DOCUMENT #

☐ Walk in
☐ Mail out
☐ Photocopy
☐ Certified Copy of Articles
☐ Certificate of Status

☐ Pick up time _____
☐ Will wait

FILED
2022 JUL -7 AM 9:02
CLERK OF STATE
TALLAHASSEE, FL 091017

NEW FILINGS

☐ Profit
☐ Not for Profit
☒ Limited Liability
☐ Domestication
☐ Other
☐ **CORP**

AMMENDMENTS

☐ Amendment
☐ Resignation of R.A. Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger
☐ Conversion
☐ Revocation

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATIONS

☐ Foreign filing
☐ Limited Partnership
☐ Reinstatement

☐ APOSTILLE () ☐ Other
Country

EXAMINER'S INITIALS: _____

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Samben LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARTIN E DELLOCA

Name of Person

MDELL CONSULTING CORP

Firm/Company

848 BRICKELL AVE STE 1130

Address

MIAMI, FL, 33131

City/State and Zip Code

MDELLOCA@MDELLCONSULTING.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARTIN E DELLOCA 305 6073493
Name of Person at () Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|---|---|---|

Mailing Address

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

Street Address

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

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DIVISION OF STATE
CORPORATIONS
TALLAHASSEE, FL 32303

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

~~Sambon LLC~~ Sambon USA 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:

848 BRICKELL AVE
STE 1130
MIAMI, FL, 33131

Mailing Address:

848 BRICKELL AVE
STE 1130
MIAMI, FL, 33131

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:

BLUEMAX PARTNERS CORP
Name

848 BRICKELL AVE STE 1130
Florida street address (P.O. Box **NOT** acceptable)

<u>MIAMI</u>	<u>FLORIDA</u>	<u>33131</u>
City	State	Zip

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.

meDull'oca

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

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

MGR

MIA BIZ GROUP LLC
848 BRICKELL AVE STE 1130
MIAMI, FL, 33131

medulla

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)