## Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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### FLORIDA LIMITED LIABILITY CO. SB HOME PROPERTIES LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is: (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

SB Home Properties, LLC

#### ARTICLE II - Address:

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

1734 NW 24th Ave Cape Coral, FL 33993 SECRETARY OF STATE TALLAHASSEE, FA

## ARTICLE III - Registered Agent, Registered Office:

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

Brittany Dobbs 1734 NW 24th Ave Cape Coral, FL 33993

#### ARTICLE IV-

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

Manager Brittany Dobbs

This Limited Liability Company is Manager-Managed, and the authority of the Manager to bind this Limited Liability Company is limited as provided in its Operating Agreement.

The Limited Liability Company appoints Brittany Dobbs as Manager

Firefox:

aboutibla

Required Signatures:

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

In accordance with section 605,0203 (1) (b). Florida Statutes the execution of this document constitutes an affirmation under the penaltics of perjury that the datts stated herein are true. I amagine that any fulse information submitted in a document to the Department of State constitutes a third degree felony as provided for in \$1817.155) P.S.

Typed or printed name of signee

Having been named as registered agent and to accept service of process for the above stated hindred 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 ray duties, and I am familiar with and accept the obligations of my position as registered agent an provided for in Chapter 605, F.S.

Registered ligent's Signature (REQUIRED)

2023 APR 32 PH 3: 02
SECRETARY OF STATE
TALLAHASSEE