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Florida Department of State Division of Corporations

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		Account Name	:	BUCHANAN INGERSOLL & ROONEY PC - TAMPA OFFICE
		Account Number	:	I199900 0 0148
		Phone	:	(813)769-7692
		Fax Number	:	(813)223-6121

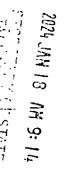
FLORIDA LIMITED LIABILITY CO. SDM Enterprise Holdings LLC

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COVER LETTER

TO:	New Filing Section Division of Corporations			
SUBJE	SDM ENTERPRISE HOLDINGS I.	I.C		
0,01001		mited Liability Company		
The end	closed Articles of Organization and fee(s) a	re submitted for filing.		
Please	return all correspondence concerning this tr	atter to the following:		
	Shaun Florn	ing, Corporate Paralegal		
		Name of Person		
	Buchanan	Ingersuil & Rooney PC		
		Firm/Company		
	501	Grant St., Suite 200		
		Address		
		ittsburgh, PA 15219		
		City/State and Zip Code SDeMolina@microsecurity.com		
		for future annual report notification	on)	
For furth	er information concerning this matter, please	se call;		
		562-1588		
		Area Code Daytime Telephone	Number	
Enclose	ed is a check for the following amount:		() (), () (), () (), () (), ()	2024
OS125	5.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is coclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)	2024 JAN 18 AM 9
	Mailing Address New Filing Section Division of Corporations	Street Address New Filing Section Di The Centre of Tallaha	vision	9: 14

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahussee, PL 32303

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P.O. Box 6327 Tallahassoe, FL 32314

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	SDM ENTERPR	GER MAI MEYE	C111
(Must cor	ntain the words "Limited Liab		
TICLE II - Address:			
	address of the principal office	of the Limited I	Liability Company is:
Princi	pal Office Address:		Mailing Address:
0.17.01		747 (ilendale Ave.
747 Gløndale Ave.			
Naples, FL 34110 TICLE III - Registered A re Limited Liability Comparather business entity with an	gent, Registered Office, & R ly cannot serve as its own Reg active Florida registration.) t address of the registered age	Nuple egistered Agent jistered Agent. Y	es, FL 34110 E's Signature: ou must designate an individual or
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ARTICLE IV-

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

Title:	Name and Address:	
"AMBR" = Authorized Me	mber	
"MGR" - Manager		
AMBR	Stephen De Molina	
1 Table 1 Tabl	747 Glendale Avc.	
	Naples, FL 34110	
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