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· · · · · · · · · · · · · · · · · · ·	(Requestor's Name)
	(Address)
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	(City/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
	(Business Entity Name)
	(Document Number)
Cartified Conies	Certificates of Status
Certified Copies	
Passal lasts sticks - to	Filing Officer
Special Instructions to	rning Othicer.

Office Use Only



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1024 FEB 29 PH 3: 11,

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FLORIDA CAPITAL COURIER SERVI	CES, INC
2330 CLARE DR	
TALLAHASSEE, FL 32309	
(850) 524–5437 / (850) 524–6243	/ (850) 491–9625
Please use funds from this	account: I20210000160: \$125.00
Authorization Signature:	fautall
BUSINESS NAME	DOCUMENT #
Southbreeze Group LLC	
Certified CopyCertificate of Status	
NEW FILINGS	<u>AMMENDMENTS</u>
Profit Corp	Amendment
Not for Profit	Resignation of R.A. Officer/Director
_XLimited Liability	Change of Registered Agent
Domestication	Revocation of Dissolution
LLLP	Merger
CORP	Articles of Conversion
Other	Restated Articles of Incorporation
Other	Statement of Authority
OTHER FILINGS	REGISTRATION/QUALIFICATIONS
Apostille	Foreign FilingReinstatement
Country	Reinstatement
Annual Report	Qualification (a)
Fictitious Name	Other PH 2: 09

EXAMINER'S INITIALS:____

FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DR TALLAHASSEE, FL 32309 (850) 524-5437 / (850) 524-6243 / (850) 491-9625 Please use funds from this account: 120210000160: \$125.00 Authorization Signature: **DOCUMENT # BUSINESS NAME** Southbreeze Group LLC _Certified Copy Certificate of Status **AMMENDMENTS NEW FILINGS** Amendment _Profit Corp ___Resignation of R.A. Officer/Director __Not for Profit _X__Limited Liability __Change of Registered Agent Revocation of Dissolution Domestication LLLP Merger Articles of Conversion CORP Restated Articles of Incorporation Other __Statement of Authority Other REGISTRATION/QUALIFICATION OTHER FILINGS _Apostille ___Foreign Filing Reinstatement Country Qualification __Annual Report Other Fictitious Name

EXAMINER'S INITIALS:____

. .

COVER LETTER

	ew Filing Sect division of Corp					
SUBJECT		: Group LLC				
30131.0	·	Name of	Limited Lia	bility Company		
The enclos	sed Articles of (Organization and fee(s) are submit	ed for filing.		
Please rett	ım all correspo	ndence concerning this	matter to th	e following:		
	Jacob Zhang					
			Name	of Person		
	lvy Accountin	ng Tax Advisory				
			Firm/	Company		
	14738 SW 23	ord St				
			Ac	ldress		
	Miami, FL 33	3185				
			City/State	and Zip Code		
	confirmation@		and for futur	re annual report notifica	tion)	
For further		ncerning this matter, pl		c amusi report notines	11011)	
	Jacob Zhang	at	305	310-0315		
	Namo	e of Person		Daytime Telepho		
Enclosed	is a check for th	ne following amount:			SECIE	2024 FEB
■ \$125.0	0 Filing Fee	□\$130,00 Filing Fe Certificate of Status	Cer	1155.00 Filing Fee & tified Copy ional copy is enclosed)	S160.00 Filing Certificate of State Certified Copy (additional copy) (")	is & 29 iclos
		g Address iling Section		Street Address New Filing Section I	Oivision	1F 09
	Divisio	on of Corporations ox 6327		The Centre of Tallal 2415 N. Monroe Str	hassee	

Tallahassee, FL 32303

Tallahassee, Fl. 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Lia	ability Company is:		
Southbreeze Gre	oup LLC contain the words "Limited I	ishility Company	T.I.C. "or"IIC")
(Must	contain the words "Limited t	Liability Company,	E.E.C., Of EEC.
ARTICLE II - Address: The mailing address and str	reet address of the principal of	ffice of the Limited	Liability Company is:
<u>Pri</u>	incipal Office Address:		Mailing Address:
15293 SW 21st	St. Miramar, FL 33027		
(The Limited Liability Com- unother business entity with	d Agent. Registered Office, npany cannot serve as its own han active Florida registration street address of the registered Zeng Wang, Heng Historida SW 21st St Florida street addres	Registered Agent. Yon.) I agent are: ui Name	cceptable)
	Miramar	FL	33027
	City	FL State	Zip
place designated in this certification for the certification are seen to comply with	ficate, I hereby accept the app the provisions of all statutes r	ointment as register elating to the proper	e above stated limited liability company at the ed agent and agree to act in this capacity. I and complete performance of my duties, and as provided for in Chapter 605, F.S

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	Zeng Wang, Heng Hui 15293 SW 21st St. Miramar, FL 33027
AMBR	Zeng Deng, Patricio Michael 15293 SW 21st St. Miramar, FL 33027
(Use attachment if necessary)	
ICLE V: Effective date, if other than the on effective date is listed, the date must be	date of filing: Feb 26, 2024 (OPTIONAL) e specific and cannot be more than five business days prior to or 90 days after not meet the applicable statutory filing requirements, this date will not be listed nent of State's records.

Heng Hui Zeng Wang
Signature of a member or an authorized peresentative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Heng Hui Zeng Wang

Typed or printed name of signee

Filing Fees:

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