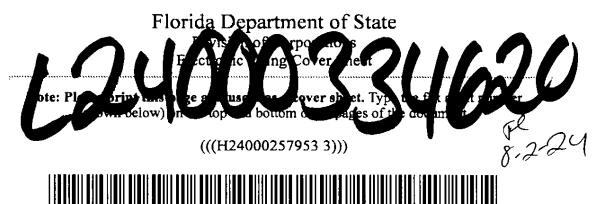
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Division of Corporations



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Fax Number : (850)617-6381

From:

Account Name : LEOPOLD KORN & LEOPOLD, P.A.

Account Number : I20010000025 Phone : (786)899-2235 Fax Number : (305)935-9042

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

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FLORIDA LIMITED LIABILITY CO. SB Charles, LLC

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August 1, 2024

FLORIDA DEPARTMENT OF STATE

Division of Corporations

LEOPOLD KORN & LEOPOLD, P.A.

,

SUBJECT: SB CHARLES, LLC

REF: W24000109571

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of the entity listed on the fax cover sheet and the name of the entity listed in the document must be identical. Please amend the document or the fax cover sheet accordingly.

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

Frantz Clerjuste Regulatory Specialist II New Filings Section FAX Aud. #: H24000257953 Letter Number: 824A00017114

2024 AUG -1 PM 1: 23

ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

WRITCHWILLS	ame:			
The name of the	Limited	Liability	Company	18:

SB Charles, LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LEC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

3162 COMMODORE PLAZA STE 2C COCONUT GROVE, FL 33133

3162 COMMODORE PLAZA STE 2C COCONUT GROVE, FL 33133

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:

Grant Savage

3162 COMMODORE PLAZA STE 2C

Florida street address (P.O. Box NOT acceptable)

Coconut Grove 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

<u>Title:</u> "AMBR" = "MGR" = N	Authorized Member	Name and Address:	
MGR - X	tanaget	Grant Savage 3162 COMMODORE PLAZA STE 2C COCONUT GROVE, FL 33133	
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