

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : EVERGROWTH GROUP LLC
Account Number : I20240000169
Phone : (407)550-7733
Fax Number : (407)550-6709

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

Email Address: docs@evergrowthgroup.com

2025 APR -3 PM 12:24

RECEIVED

FLORIDA LIMITED LIABILITY CO.

SBARR Group LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SBARR Group 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:1845 Town Center Blvd
Bldg 200 Ste 205
Orange Park, FL 32003Mailing Address:1845 Town Center Blvd
Bldg 200 Ste 205
Orange Park, FL 32003

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:

Registered Agents Inc

Name

7901 4th St N Ste 300Florida street address (P.O. Box **NOT** acceptable)St. Petersburg

FL

33702

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.

David Roberts

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:AMBRSpinning Birds LLC30 N Gould St Ste 44564Sheridan, WY 82801

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: April 1, 2025 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.**ARTICLE VI:** Other provisions, if any.See attachment**REQUIRED SIGNATURE:**

Signature of a member or an authorized representative 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.

Catori Janai, Authorized Agent - EverGrowth Group LLC

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)

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**ATTACHMENT TO ARTICLES OF ORGANIZATION FOR
SBARR GROUP LLC**

Article VI:

The purpose of this Limited Liability Company is to engage in the business of locating, acquiring, and recovering unclaimed funds, surplus funds, and distressed debts; purchasing, managing, and enforcing judgments; and engaging in lawful debt collection and asset recovery activities, including but not limited to debt acquisition, settlement negotiations, and legal enforcement actions, in compliance with all applicable federal, state, and local laws.

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