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

From: Account Name : FL PATEL LAW PLLC
Account Number : I20170000097
Phone : (727)279-5037
Fax Number : (727)888-1294

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

Email Address: Smwiii@att.net

FLORIDA LIMITED LIABILITY CO.
SGI Sunset Retreat, LLC

Certificate of Status	1
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DIVISION OF CORPORATIONS
COMMERCIAL SERVICES



COVER LETTER

Friday, February 26, 2021

To: New Filing Section
Division of Corporation

Subject:
SGI SUNSET RETREAT, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and Fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:

FL Patel Law PLLC
360 Central Avenue
8th Floor
St. Petersburg, Florida 33701
Fax: 727-888-1294

For further information concerning this matter, please call or e-mail:
Ada Reyes [727-279-5037](tel:727-279-5037) or e-mail at Support@flpatellaw.com

Enclosed is our fax filing coversheet for \$130.00 for Filing Fee & Certificate of Status

FL Patel Law PLLC

2021 FEB 26 11:31:49

ARTICLES OF ORGANIZATION
FOR
SGI SUNSET RETREAT, LLC
A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I.
Name

The name of the Limited Liability Company is: SGI Sunset Retreat, LLC (the “Company”).

ARTICLE II.
Address

The principal office and mailing address of the Company is:


41 Commerce Street
 Apalachicola, Florida 32320

ARTICLE III.
Registered Agent, Registered Office, & Registered Agent’s Signature

The name and the Florida Street Address of the Registered Agent are:

Steve M. Watkins, III
 41 Commerce Street
 Apalachicola, FL 32320

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.


 _____ (sign)
 Steve M. Watkins, III


ARTICLE IV.
Authorized Members and Managers

The Name and Address of each person authorized to manage and control the Limited Liability Company:

<u>Title</u>	<u>Name and Address</u>
AMBR = Authorized Member MGR = Manager	
<u>MGR</u>	All About View, LLC 41 Commerce Street Apalachicola, Florida 32320

ARTICLE V.

The Effective date shall be the date of filing.


 _____ (sign)

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.

Thomas Roenicke
 Authorized Representative/Member

2021 Feb 26 10:34:19