

L 14000148082

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

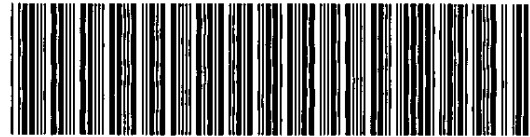
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000264225350

EFFECTIVE DATE 9/11/14

09/16/14--01003--008 **130.00

FILED
14 SEP 16 PM 3:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6/29
9/22/14

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SGSJ Wilson 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:

Stephen R. Wilson
Name of Person

SGSJ Wilson LLC
Firm/Company

7153 West Hwy 98
Address

Panama City Beach, FL 32407
City/State and Zip Code

SRW436@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephen R. Wilson at (850) 236-8065
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| ☐ \$125.00 Filing Fee | ☒ \$130.00 Filing Fee &
Certificate of Status | ☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | ☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|---|---|

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SGSJ Wilson LLC

(Must end with 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:

Mailing Address:

7153 West Hwy 98
Panama City Beach, FL 32407

7153 West Hwy 98
Panama City Beach, FL 32407

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.)

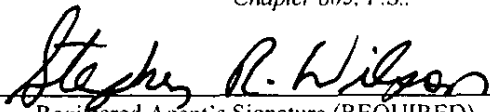
The name and the Florida street address of the registered agent are:

Stephen R. Wilson
Name

7153 West Hwy 98
Florida street address (P.O. Box **NOT** acceptable)

Panama City Beach FL 32407
City 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..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

EFFECTIVE DATE

9/11/14

FILED
14 SEP 16 PM 3:56
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Stephen R. Wilson
7153 West Hwy 98
Panama City Beach, FL 32407

MGR

George E. Wilson
7153 West Hwy 98
Panama City Beach, FL 32407

MGR

Stephanie W. Price
7153 West Hwy 98
Panama City Beach, FL 32407

MGR

Joshua D. Wilson
7153 West Hwy 98
Panama City Beach, FL 32407

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: September 11, 2014 (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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

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.)

Stephen R. Wilson

Typed or printed name of signer

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)

FILED
14 SEP 16 PM 3:56
SECRETARY OF STATE
TALLAHASSEE, FL 32301