

LI5000113340

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

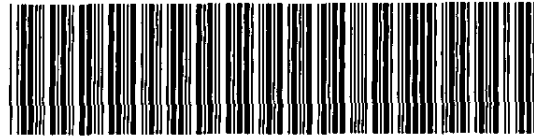
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400274419934

07/08/15--01001--001 **125.00

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
15 JUL -7 PM 2:28
NOTED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 JUL -7 PM 2:58

JUL 07 2015

T SCHROEDER

Wolters Kluwer

515 E Park Avenue, Tallahassee, FL, 32301

850-205-8842

Steel City Sunsets LLC

☐ Nonprofit

☐ Domestic Corporation

☐ Limited Partnership

☒ **LLC**

Formation

☐ Certified Copy

☒ Walk In

☐ Mail Out

Name _____

Availability _____

Document _____

Examiner _____

Updater _____

Verifier _____

W.P. Verifier _____

☐ Amendment

☐ Dissolution/Withdrawal

☐ Reinstatement

☐ Annual Report

☐ Name Registration

☐ Fictitious Name

☐ Photocopies

☐ Will Wait

☐ Merger

☐ Mark

☐ Other

☐ CUS

☐ After 4:30

☒ Pick Up

7/7/2015

KM

Order#

9613744

Ref#:

Amount: \$

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Steel City Sunsets 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:

Edward C. Wachter, Jr.
Name of Person

McCann Garland Ridall & Burke
Firm/Company

11 Stanwix Street, Suite 1030
Address

Pittsburgh, PA 15222
City/State and Zip Code

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

For further information concerning this matter, please call:

Edward C. Wachter, Jr. at (412) 566-1818
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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:

Steel City Sunsets 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:

785 N. Shore Drive

P.O. Box 991

Anna Maria, FL 34216

Anna Maria, FL 34216

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:

Allan T. Steinbock

Name

785 N. Shore Drive

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

Anna Maria

FL

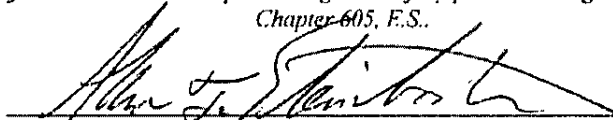
34216

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

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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

AMBR

Name and Address:

Allan T. Steinbock
405 Foxwood Lane
Pittsburgh, PA 15220

AMBR

Sharon L. Steinbock
405 Foxwood Lane
Pittsburgh, PA 15220

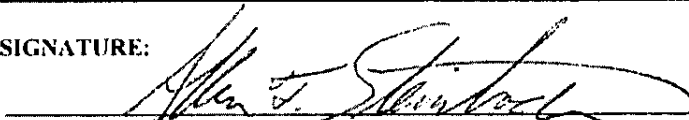
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.)

Allan T. Steinbock

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)