

L17000126755

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

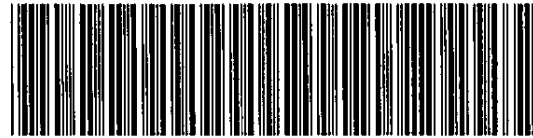
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/07/17--01013--004 **125.00

A handwritten signature in black ink, consisting of a large, stylized loop followed by a horizontal stroke.



Sonnenberg Insurance Services, Inc.

2410 West Bay Drive • Largo, Florida 33770

Phone: 727-582-9151 • Fax: 727-582-9051

Email: info@sisfl.com

June 5, 2017

New Filing Section
Bureau of Commercial Recording
Division of Corporations
Clifton Building
2661 Executive Center Cir.
Tallahassee, FL 32301

RE: Sonnenberg Insurance Services, Incorporated (Document Number: G50257) authorization for its wholly owned (same principals) newly formed limited liability company to use its name and be called "Sonnenberg Insurance Services, LLC"

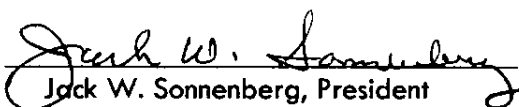
Dear Sir or Madam,

Please find enclosed for filing with the Division of Corporations the cover letter and Articles of Organization for a new Florida limited liability company, "Sonnenberg Insurance Services, LLC".

Please accept this letter as authorization for the use of this name by Sonnenberg Insurance Services, Incorporated (Document Number: G50257) which authorizes its wholly owned (same principals) newly formed limited liability company to use its name and be called "Sonnenberg Insurance Services, LLC". If you have any additional requirements you may contact me at my office (727) 582-9151, or preferably, please contact my authorized representative and attorney, Ronald W. Gregory, II, GREGORY LAW FIRM, P.L., 3801 Park Street North, Suite 4, St. Petersburg, FL 33709; (727) 374-9200; rgregory@gregorylaw.net.

Sincerely,

Sonnenberg Insurance Services, Incorporated

By: 
Jack W. Sonnenberg, President

"We Bring You Peace of Mind"

Personal • Business • Estate Planning • Employee Benefits • Health • Life

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Sonnenberg Insurance Services, 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:

Ronald W. Gregory, II

Name of Person

GREGORY LAW FIRM, P.L.

Firm/Company

3801 Park Street North, Suite 4

Address

St. Petersburg, FL 33709

City/State and Zip Code

rgregory@gregorylaw.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ronald W. Gregory, II

727

374-9200

at ()

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

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing 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:

Sonnenberg Insurance Services, 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:

2410 WEST BAY DRIVE
LARGO, FL 33770

Mailing Address:

2410 WEST BAY DRIVE
LARGO, FL 33770

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:

Ronald W. Gregory, II

Name

3801 Park Street North, Suite 4

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

St. Petersburg

Florida

33709

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..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
17 JUN -9 AH10:25
SECRETARY OF STATE
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

Manager

Member

Name and Address:

Jack W. Sonnenberg
2410 West Bay Drive
Largo, FL 33770

Sonnenberg Insurance Services, Incorporated
2410 West Bay Drive
Largo, FL 33770

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: June 5, 2017 (OPTIONAL)

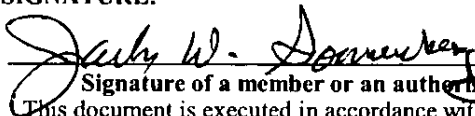
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.

The gift, sale, pledge, transfer, assignment or other disposition of the Member Interests are restricted and governed by the terms of an Operating Agreement entered into by and among the Members, a copy of which may be seen at the Company's principal office.

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.

Jack W. Sonnenberg

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)

FILED
17 JUN -9 AM 10:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA