

L20000002742

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

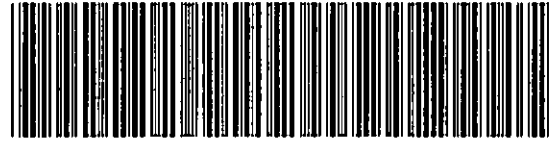
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: SG TRAVEL, 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:

PAMELA SLUTZKY

Name of Person

f360

Firm/Company

3799 W COQUINA WAY

Address

WESTON, FL 33332

City/State and Zip Code

pamela@filings360.com

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

For further information concerning this matter, please call:

Pamela Slutzky at (954) 837-6199
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input checked="" 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

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:

SG TRAVEL, 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:

7901 4th St N

STE 4295

St. Petersburg, FL 33702

Mailing Address:

7901 4th St N

STE 4295

St. Petersburg, FL 33702

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 300

Florida 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..

Registered Agents Inc.

Bill Havre

Bill Havre

- Assistant Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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:

AMBR

RAMOS, CESAR, A.

ZABALA 3056, PB "A"

C.A.B.A., ARGENTINA 1426

AMBR

CAPUA, GUSTAVO, E.

AZCUENAGA 2242 - OLIVOS

BUENOS AIRES, ARGENTINA 1636

AMBR

CODESAL, GABRIEL, A.

MARISCAL SOLANO LÓPEZ 3550, 3er PISO

C.A.B.A., ARGENTINA 1419

AMBR

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 01/02/2020. (OPTIONAL)

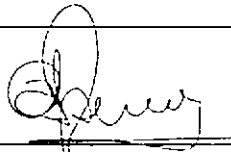
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.

Liability to Third Parties: No Member shall be liable for the debts, obligations or liabilities of the Company, including
under a judgement decree or order of a court.

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.

CESAR A. RAMOS

Typed or printed name of signee