L2000178884

(Requestor's Na	me)	
(Address)		
(Address)		
(City/State/Zip/P	hone #)	
PICK-UP WAIT	MAIL	
(Business Entity	Name)	
(Document Number)		
Certified Copies Certifie	cates of Status	
Special Instructions to Filing Officer		
g/eapl	II	

Office Use Only



600347361366

600347361366 07/02/20--01002--001 ++125.00

CT (FF -1 17 2:21



JUL 0.2 2020

4 TO:

New Filing Section Division of Corporations

Mailing Address

P.O. Box 6327

New Filing Section

Division of Corporations

Tallahassee, FL 32314

Street Address

New Filing Section Division

2415 N. Monroe Street, Suite 810

The Centre of Tallahassee

Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	AR	TI	CL	Æ l	l -	Nα	me:
-------------------	----	----	----	-----	-----	----	-----

The name of the Limited Liability Company is:

Headed West on SGT, 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:	Mailing Address:
2351 Christopher Pace	Same
Tallah, PL	
32508_	

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:

Teresa West

2351 Christopher Mace

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

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)

ARTICLE IV-

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

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Teresalvest Tallah, Pi 32308
mar	Terry West 2351 Christopher Pare Tallan, FL 37308
· 	
	
. (Use attachment if necessary)	
If an effective date is listed, the date must be the date of filing.)	date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90 days after not meet the applicable statutory filing requirements, this date will not be listed as ment of State's records.
RTICLE VI: Other provisions, if any.	
This document is e.	a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes. false information submitted in a document to the Department of State
	egree felony as provided for in s.817,155, F.S.

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)