

**L20000266553**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H20000307515 3)))



H200003075153ABCX

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:  
Division of Corporations  
Fax Number : (850)617-6381

From:  
Account Name : Vcorp SERVICES, LLC  
Account Number : 120080000067  
Phone : (845)425-0077  
Fax Number : (845)818-3588

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: statenotices@vcorpsservices.com

**FLORIDA LIMITED LIABILITY CO.  
SG Strategy LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

D. O. K. T. E. E.

SEP 01 2020

FILED

20 SEP -3 PM 7:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2020 SEP -3 PM 4:43

RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

SG Strategy 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:**226 North Latitude Circle PH 304Delray Beach, FL 33483226 North Latitude Circle PH 304Delray Beach, FL 33483**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:

Sherry Lynn Fazio

Name


226 North Latitude Circle PH 304Florida street address (P.O. Box **NOT** acceptable)Delray BeachFL33483

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  
 20 SEP -3 PM 7:07  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

