Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : VCORP SERVICES, LLC

Account Number : 120080000067

: (845)425-0077

Fax Number

: (845)818-3588

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

Email Address: statenotices@vcorpservices.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

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 Liab	oility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office Principal Office Address:	e of the Limited Liability Company is: Mailing Address:
226 North Latitude Circle PH 304	226 North Latitude Circle PH 304
Delray Beach, FL 33483	Delray Beach, FL 33483
ARTICLE III - Registered Agent, Registered Office, & R (The Limited Liability Company cannot serve as its own Regionanther business entity with an active Florida registration.) The name and the Florida street address of the registered age	gistered Agent. You must designate an individual or

Sherry Lynn Fazio	Name	
224 81 1 1 1 1	(V==1, DD 204	
226 North Latitude		
Florida street addre	ss (P.O. Box <u>NOT</u> ac	ceplable)
Delray Beach	户.	33483
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 l am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.,

(CONTINUED)

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	Sherry Lynn Fazio 226 North Latitude Circle PH 304
	Delray Beach, FL 33483
	
(Use attachment if necessary)	
CLE V: Effective date, if other than effective date is listed, the date muste of filing.)	the date of filing: (OPTIONAL) st be specific and cannot be more than five business days prior to or 90 days
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)