Division of Corporations

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.

(((H21000080857 3)))



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 : FL PATEL LAW PLLC

Account Number : I20170000097

: (727)279-5037

Phone Fax Number

: (727)888-1294

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

Email Address: Smwiii@att.net

### FLORIDA LIMITED LIABILITY CO.

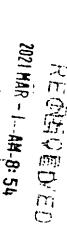
SGI Island Oasis, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help





### **COVER LETTER**

Friday, February 26, 2021

To: New Filing Section
Division of Corporation

### Subject: SGI ISLAND OASIS, 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:

FL Patel Law PLLC

360 Central Avenue 8<sup>th</sup> Floor St. Petersburg, Florida 33701 Fax: 727-888-1294

For further information concerning this matter, please call or e-mail:

Ada Reyes 727-279-5037 or e-mail at Support@flpatellaw.com

Enclosed is our fax filing coversheet for \$130.00 for Filing Fee & Certificate of Status

FL Patel Law PLLC

#### ARTICLES OF ORGANIZATION

#### FOR

#### SGI ISLAND OASIS, LLC

#### A FLORIDA LIMITED LIABILITY COMPANY

#### <u>ARTICLE 1.</u>

Name

The name of the Limited Liability Company is: SGI Island Oasis, LLC (the "Company").

### ARTICLE II. Address

The principal office and mailing address of the Company is:

41 Commerce Street Apalachicola, Florida 32320

# ARTICLE III. Registered Agent, Registered Office, & Registered Agent's Signature

The name and the Florida Street Address of the Registered Agent are:

Steve M. Watkins, III 41 Commerce Street Apalachicola, FL 32320

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.

Steve M. Watkins, III

O 02/26/2021 2:17 PM •

## ARTICLE IV. Authorized Members and Managers

The Name and Address of each person authorized to manage and control the Limited Liability Company:

<u>Title</u>	Name and Address
AMBR = Authorized Member MGR = Manager	
MGR	All About View, LLC 41 Commerce Street Apalachicola, Florida 32320

#### ARTICLE V.

The Effective date shall be the date of filing.

(sign)

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.

Thomas Roenicke
Authorized Representative/Member