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| Certified Copies Certificates of Status | | | | | |
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| Special Instructions to Filing Officer: | | | | | |
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COVER LETTER

| TO: | New Filing Sec Division of Co | | | | E3115-25 | <i>,</i> , , , , , , , , , , , , , , , , , , | |
|-------------|----------------------------------|--|-----------------|---|---|--|--|
| | SAGRAG | Enterprises LLC | | | • | ' 'n:93 | |
| SUBJEC | CT: | Name of Lin | nited Liabilit | y Company | | | |
| The encl | osed Articles of | Organization and fee(s) are | e submitted: | for filing. | | | |
| Please re | turn all correspo | ondence concerning this ma | itter to the fo | llowing: | | | |
| | Robert A Go | onzalez | | | | | |
| | | | Name of l | Person | <u> </u> | | |
| | SAGRAG E | nterprises LLC | | | | | |
| | Firm/Company | | | | | | |
| | 5981 Herons | s Landing Dr | | | | | |
| | | | Addre | ss | | | |
| | Rockledge F | Torida 32955 | | | | | |
| | · · · · · · | | ity/State and | Zip Code | | | |
| | | ises@yahoo.com | | | | | |
| |] | E-mail address: (to be used | for future ar | inual report notificat | ion) | | |
| For further | r information co | ncerning this matter, please | e call: | | | | |
| | Robert A Go | nzalez 32 | - | 5379409 | | | |
| | Nam | ne of Person A: | rea Code | Daytime Telephon | e Number | | |
| Enclosed | l is a check for t | he following amount: | | | | | |
| □\$125. | 00 Filing Fee | □\$130.00 Filing Fee & Certificate of Status | Certifie | .00 Filing Fee & d Copy I copy is enclosed) | ■\$160.00 Fil Certificate of Certified Copy (additional copy | Status & | |

Mailing Address

t

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| SAGRAG Enterpr | | | | |
|--|---|---|------------------------------------|--|
| (Must co | ontain the words "Limited | Liability Company, " | L.L.C.," or "LLC.") | |
| ARTICLE II - Address: The mailing address and stree | t address of the principal o | office of the Limited I | Liability Company is: | |
| Principal Office Address: | | | Mailing Address: | |
| 5981 Herons Land | | | 5981 Herons Landing Dr | |
| Rockledge, Florida | 1 32955 | Rockl | ledge, Flordia 32955 | |
| · | n active Florida registratio | d agent are: | ou must designate an individual or | |
| · | n active Florida registration active Florida registered et address of the registered Robert A. Gonzalez | on.) d agent are: Name | ou must designate an individual of | |
| · | n active Florida registration active Florida registered et address of the registered Robert A. Gonzalez 5981 Herons Landin | on.) I agent are: Name | | |
| · | n active Florida registration active Florida registered et address of the registered Robert A. Gonzalez 5981 Herons Landin | on.) d agent are: Name | | |
| · | n active Florida registration active Florida registered Robert A. Gonzalez 5981 Herons Landin Florida street address Rockledge | on.) d agent are: Name g Dr s (P.O. Box NOT acc | ceptable) 32955 | |
| another business entity with a The name and the Florida stre | n active Florida registration active Florida registered Robert A. Gonzalez 5981 Herons Landin Florida street addres | on.) d agent arc: Name g Dr s (P.O. Box NOT acc | ceptable) | |

(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 | |
| AMBR | Robert A. Gonzalez |
| | 5981 Herons Landing Dr Rockledge, Florida 32955 |
| | Rockledge, Florida 32955 |
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| effective date is listed, the date must be specifi te of filing.) | filing: |
| CLE VI: Other provisions, if any. | |
| REQUIRED SIGNATURE: // | |
| | |
| This document is executed I am aware that any false inf | or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes. formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S. |
| Robert A. Gonzalez | |
| | yped or printed name of signce |

as

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)



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 16, 2021

ROBERT A. GONZALEZ SAGRAG ENTERPRISES 5981 HERONS LANDINGS DR ROCKLEDGE, FL 32935

SUBJECT: SAGRAG ENTERPRISES

Ref. Number: W21000051593

We have received your document for SAGRAG ENTERPRISES and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

James G Harris Regulatory Specialist II

Letter Number: 121A00007873