

Electronic Filing Cover Sheet

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Ta:

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.\*\*

Fmail Address:				
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TREEDRATIONS	TVIDE SIM	SEDING

## FLORIDA LIMITED LIABILITY CO. SweetHill Sailing LLC

Certificate of Status	Û
Certified Copy	Ü
Page Count	02
Estimated Charge	\$125.00

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name: The name of the Limited Liability Company is: SweetHill Sailing LLC (Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.") ARTICLE H - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: 701 South Olive Ave., Unit 1524 701 South Ofive Ave., Unit 1524 West Palm Beach, FL 33401 West Palm Beach, FL 33401 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: Veorp Agent Services, Inc.

	Name	
1200 South Pine Isla	nd Road	
Florida street addres	s (P.O. Box <u>NOT</u> acc	eptable)
Plantation	Florida	33324
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 diffics, and am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Veorp	Agent Services, Inc.
Ву:	Partie Charles
	Registered Agent's Signature (REQUIRED)
	(CONTINUED)

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

"AMBR" = Authorized Member  "MGR" = Manager  AMBR		Name and Address:
AMBR  RIH 2020 Family Trust wa/d November 12, 2020 Capitol Private Wealth Groun LLC. 8133 Leesburg Pike Suite 780, Vienna, VA 22182  MGR  Rawmond Hill 701 South Olive Ave., Unit 1524, West Palm Beach, FL 33401  (Use attachment if necessary)  (ICLE V: Effective date, if other than the date of filing:  in effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days affaire of filing.)  if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste locument's effective date on the Department of State's records.  REQUIRED SIGNATURE:  Signature of a niember or an authorized representative of a member.  This document is excepted in accordance with section 605,0203 (1) (b), Florida Statutes. I am aware that any filise information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.  Laura Lisica Authorized Representative		
Capitol Private. Wealth Group L.C., 8133 Leesburg Pike Suite 780, Vienna, VA 22182  MGR  Raymond Hill 701 South Olive Ave., Unit 1524. West Palm Beach, FL 33401  [CLE V: Effective date, if other than the date of filing: (OPTIONAL) in effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days af late of filing.) Effective date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste locument's effective date on the Department of State's records.  [ICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  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 filise information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.  Laura Lisica Authorized Representative	"MGR" = Manager	
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## 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)