

L24000310510

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

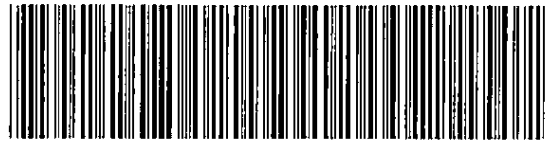
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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T. J. H. STATE

T.J.H.
7/16/24



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 16, 2024

LISA HODGDON
4301 SIBLEY BAY RD UNIT A
PORT CHARLOTTE, FL 33980 US

The Articles of Organization for SUNZOUT PATIO LLC were filed on July 11, 2024, and assigned document number L24000310510. Please refer to this number whenever corresponding with this office.

The certification you requested is enclosed.

To maintain "active" status with the Division of Corporations, an annual report must be filed yearly between January 1st and May 1st beginning in the year following the file date or effective date indicated above. If the annual report is not filed by May 1st, a \$400 late fee will be added. **It is your responsibility to remember to file your annual report in a timely manner.**

A Federal Employer Identification Number (FEI/EIN) will be required when this report is filed. Apply today with the IRS online at:

<https://sa.www4.irs.gov/modiein/individual/index.jsp>.

Please be aware if the limited liability company address changes, it is the responsibility of the limited liability to notify this office.

Should you have any questions regarding this matter, please contact this office at the address given below.

Tabitha J Howell
Regulatory Specialist II
New Filings Section
Division of Corporations

Letter Number: 324A00015407

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Sunzout Patio 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:

Lisa Hodgdon

Name of Person

Sunzout Patio LLC

Firm/Company

4301 Sibley Bay rd. Unit A

Address

Port Charlotte Florida, 33980

City/State and Zip Code

sales@sunzoutoutdoor.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

lisa hodgdon

941

8937544

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☒ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

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

FILED

2009 JUN 11 PM 01

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Sunzout Patio 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:

4301 Sibley Bay rd. unitA

Port Charlotte

Florida 33980

Mailing Address:

4301 Sibley Bay Rd
Port Charlotte
Florida 33980

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:

Lisa Hodgdon

Name

4301 Sibley Bay rd. Unit B

Florida street address (P.O. Box **NOT** acceptable)

Port Charlotte

Florida

33980

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.

Lisa Hodgdon

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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STATE

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

Lisa Hodgdon

411 walnut st. unit 21038

Greencove Springs FL 32043

AMBR

Brendan Hall

20 currv ct.

Palm Coast Florida

32137

*2011
w/permission
for 2-P*

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Lisa Hodgdon

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.

Lisa Hodgdon

Typed or printed name of signee

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)

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Sunzout Patio LLC
Name of Limited Liability Company

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Name of Person

Sunzout Patio LLC
Firm/Company

4301 Sibley Bay rd. Unit A
Address

Port Charlotte Florida, 33980
City/State and Zip Code

sales@sunzoutoutdoor.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

lisa hodgdon 941 8937544
Name of Person at () Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☒ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
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

FILED

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STATE

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Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

Lisa Hodgedon

411 walnut st. unit 21038

Greencove Springs FL 32043

AMBR

Brendan Hall

20 curry ct.

Palm Coast Florida 32137

(Use attachment if necessary)

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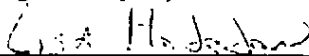
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REQUIRED SIGNATURE:



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This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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Typed or printed name of signee

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\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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(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:

4301 Sibley Bay rd. unit A
Port Charlotte
Florida 33980

Mailing Address:

same 4301 Sibley Bay Rd
Port Charlotte
Florida 33980

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.)

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Lisa Hodgdon

Name

4301 Sibley Bay rd. Unit B

Florida street address (P.O. Box **NOT** acceptable)

<u>Port Charlotte</u>	<u>Florida</u>	<u>33980</u>
City	State	Zip

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Lisa Hodgdon

Registered Agent's Signature (REQUIRED)

(CONTINUED)