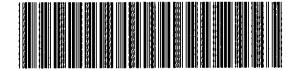
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(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	(#)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates o	of Status
Special Instructions to	Filing Officer:	
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DEPARTMENT OF STATE

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SECRETARY OF STATE

NOV 1 9 2013

T. BROWN



IUN SEHVICE CUMPANY
ACCOUNT NO. : I2000000195
REFERENCE: 889063 7665949
AUTHORIZATION:
COST LIMIT : \$ 125.00
ORDER DATE: November 18, 2013
ORDER TIME : 3:17 PM
ORDER NO. : 889063-005
CUSTOMER NO: 7665949
DOMESTIC FILING
NAME: RDGC HOLDINGS, LLC
EFFECTIVE DATE:
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Susie Knight - EXT. 52956
EXAMINER'S INITIALS:

ARTICLE I - Name: The name of the Limited Liability Con	npany is:
PP0011111 110	The second secon
RDGC Holdings, LLC	
(Must end with the words "Li	mited Liability Company, "L.L.C.," or "LLC.")
	62
ARTICLE II - Address:	
The mailing address and street address	afthe minimal office of the Limited Lightlity Company is
The maning address and street address	of the principal office of the Limited Liability Company is
The maning address and street address.	of the principal office of the Elimieu Elability Company is
Principal Office Address:	Mailing Address:
Ū	
Principal Office Address:	
Ū	Mailing Address:
Principal Office Address: 1111 Augusta Falls Way	Mailing Address: c/o GMChampion & Partners LLC

business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Corporation Ser	ice Company
	Name
1201 Hays Stree	t
F	orida street address (P.O. Box NOT acceptable
Tallahassee	FL 32301
	City, State, and 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 608, F.S..

Sue G. Knight Corporation/Service Company Assistant Vice President Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Fitle:</u> 'MGR" = Manager	Name and Address:
'MGRM" = Managing Membe	er
MGR	Geoffrey Champion
	Suite 200, 999 Vanderbilt Beach Road
	Naples, FL 34108
MGR	Regina Champion
	Suite 200, 999 Vanderbilt Beach Road
	Naples, FL 34108
	· · · · · · · · · · · · · · · · · · ·
Use attachment if necessary)	
EV: Effective date, if other to	than the date of filing: (OPTIO
EV: Effective date, if other to fective date is listed, the date	te must be specific and cannot be more than five busi
EV: Effective date, if other the fective date is listed, the date	te must be specific and cannot be more than five busi
EV: Effective date, if other the fective date is listed, the date	te must be specific and cannot be more than five busi
LE V: Effective date, if other is fective date is listed, the date or 90 days after the date of fi	te must be specific and cannot be more than five busi
LE V: Effective date, if other is fective date is listed, the date or 90 days after the date of fi	te must be specific and cannot be more than five busi
EV: Effective date, if other if fective date is listed, the date of fine for 90 days after the date.	te must be specific and cannot be more than five busi
EV: Effective date, if other if fective date is listed, the date of for 90 days after the date of fixEQUIRED SIGNATURE:	te must be specific and cannot be more than five busi iling.)
EV: Effective date, if other if fective date is listed, the date of for 90 days after the date of fixEQUIRED SIGNATURE:	te must be specific and cannot be more than five busi
fective date is listed, the date of for 90 days after the date of fine REQUIRED SIGNATURE: Signature of a (In accordance with seconstitutes an affirmation I am aware that any fall	te must be specific and cannot be more than five busi iling.)
LE V: Effective date, if other if fective date is listed, the date or 90 days after the date of final REQUIRED SIGNATURE: Signature of a constitutes an affirmation of a days after the date of final constitutes and affirmation of a days are that any fall am aware that any fall constitutes are the constitutes and final constitutes and fall are aware that any fall constitutes are the constitutes are the constitutes and fall constitutes are the constitutes are affirmation of the constitutes are affirmati	te must be specific and cannot be more than five busi iling.) a member or an authorized representative of a member. ction 608.408(3), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true, se information submitted in a document to the Department of State

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)