

050000 51945

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

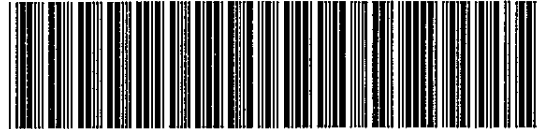
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000054524530

05/19/05--01084--011 \*\*160.00

05 MAY 19 PM 12:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

5/25  
Cust



## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SGI LAND COMPANY 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:

JUDY MILLER

(Name of Person)

(Firm/Company)

PO Box 6885

(Address)

SAN RAFAEL, CA 94903

(City/State and Zip Code)

For further information concerning this matter, please call:

JUDY MILLER

(Name of Person)

at (

415 446-7350

(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)

### STREET ADDRESS:

Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

### MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05 MAY 19 PM 12:00

FILED



**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

SGI LAND COMPANY LLC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

**Mailing Address:**

454 LAS GALLINAS AVE #171  
SAN RAFAEL, CA 94903

PO BOX 6885  
SAN RAFAEL, CA 94903


**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

JUDITH MILLER  
Name  
1401 MAGNOLIA AVENUE  
Florida street address (P.O. Box NOT acceptable)  
INDIALANTIC FL 32903  
City, State, and Zip

FILED  
05 MAY 19 PM 12:00  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

*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..*

  
Registered Agent's Signature

(CONTINUED)



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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

JUDY MILLER

PO Box 6885

SAN RAFAEL, CA 94903

MGRM

NANCY MILLER

1444 LA CHONA CT

ATLANTA, GEORGIA 30329

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05 MAY 19 PM 12:00

FILED

(Use attachment if necessary)

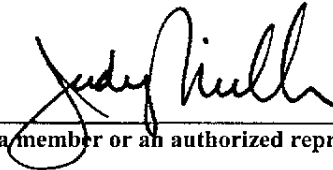
\*

**REQUESTED EFFECTIVE FORMATION DATE MAY 21, 2005.**

NOTE: An additional article must be added if an effective date is requested.

**REQUIRED SIGNATURE:**

Thank you!



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

JUDY MILLER

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)