

4/9/2018

A18000000144

Division of Corporations

**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000111604 3)))



H180001116043ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : BARNETT, BOLT, KIRKWOOD, LONG & KOCH, P.A.
Account Number : 072731001155
Phone : (813)253-2020
Fax Number : (813)251-6711

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: tseemann@barnettbolt.com

**FLORIDA/FOREIGN LP/LLLP
SGL NOG, LP**

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$1,008.75

RECEIVED**2018 APR -9 PM 2:55**

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

18 APR -9 AM 10:03

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

B FIGUEROA**APR 10 2018**

H18000111604

**CERTIFICATE OF LIMITED PARTNERSHIP
FOR
FLORIDA LIMITED PARTNERSHIP
OR
LIMITED LIABILITY LIMITED PARTNERSHIP**

1. SGL NOG, LP

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P.,
or LLLP.

2. 1511 N. Westshore Blvd., Suite 700
(Street address of initial designated office)

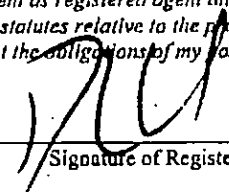
 Tampa, FL 33607

3. David L. Koche
(Name of Registered Agent for Service of Process)

4. 601 Bayshore Blvd., Suite 700
(Florida street address for Registered Agent)

 Tampa, FL 33606

5. *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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as a registered agent.*

 
Signature of Registered Agent

6. 1511 N. Westshore Blvd., Suite 700
(Mailing address of initial designated office)

 Tampa, FL 33607

7. If limited partnership elects to be a limited liability limited partnership, check box ☐

H18000111604

8. Name and business address of each general partner:

Name:Business Address:Quantum Capital Partners II, LLC1511 N. Westshore Blvd., Suite 700Tampa, FL 33607

9. Effective date, if other than the date of filing: _____

*(Effective date cannot be prior to nor more than 90 days after the date the document is filed by the Florida Department of State.)*Signed this 9th day of April, 2018.

Signature of each general partner: I/We submit this document and affirm that the facts stated herein are true. I/We am/are 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.

QUANTUM CAPITAL PARTNERS II, LLCBy: Quantum Capital Partners, Inc., its ManagerBy: Stuart G. Laster, President

Filing Fees:

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Certified Copy (optional):

\$52.50

Certificate of Status (optional):

\$8.75

Page 2 of 2

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 APR -9 AM 10:03

H18000111604

1104539