

Division of Corporations

Page 1 of 2

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## Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

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## To:

Division of Corporations

Fax Number : (850) 205-0383

## From:

Account Name : ROGERS, TOWERS, BAILEY, ET AL

Account Number : 076666002273

Phone : (904) 398-3911

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## LIMITED LIABILITY COMPANY

SGR, LLC

Certificate of Status	0
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ARTICLES OF ORGANIZATION  
OF  
SGR, LLC

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ARTICLE I - NAME

The name of this Limited Liability Company is SGR, LLC (the "Company").

ARTICLE II - ADDRESS

The address of the principal office and the mailing address of the Company is 8711 Perimeter Park Boulevard, Suite 11, Jacksonville, Florida 32216.

ARTICLE III - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the Company is 8711 Perimeter Park Boulevard, Suite 11, Jacksonville, Florida 32216, and the name of its initial registered agent at such address is Sarah S. Robinson.

ARTICLE IV - MANAGEMENT OF THE COMPANY

The Company will be manager-managed.

IN WITNESS WHEREOF, the undersigned person has executed these Articles of Organization this 29th day of June, 2001.

SGR, LLC

By: Sarah S. Robinson  
Name: Sarah S. Robinson  
Its: Member

H01000078327 3

H01000078327 3

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 608.415, Florida Statutes, the below named limited liability company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the limited liability company is:

SGR, LLC

2. The name and address of the registered agent and office are:

Sarah S. Robinson  
8711 Perimeter Park Boulevard, Suite 11  
Jacksonville, Florida 32216

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.

Sarah S. Robinson  
Sarah S. Robinson

Date: 6/29/2001

H01000078327 3