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Account Name : BUSINESS FILINGS
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LIMITED LIABILITY COMPANY

SDG Properties, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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FAX AUDIT # 4040000135893

**ARTICLES OF ORGANIZATION
OF
SDG Properties, LLC**

ARTICLE I NAME

The name of the limited liability company shall be: **SDG Properties, LLC**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 18325 Sky Top Lane, Groveland, Florida 34736.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Janet Hicks, 18325 Sky Top Lane, Groveland, Florida 34736. Located in the County of Lake.


ARTICLE IV DURATION

The duration for the limited liability company shall be: 12/31/2044.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the name and address of the member of the Limited Liability Company is:

Janet Hicks, 18325 Sky Top Lane, Groveland, Florida 34736


Business Filings Incorporated, Organizer

Mark Schiff, AVP

Authorized Representative

Prepared by Mark Schiff, Business Filings Incorporated, 8025 Excelsior Dr., Suite 200,

Madison, WI 53717

(608) 827-5300

FAX AUDIT # 4040000135893

FILED
JAN 20 2004
TALLAHASSEE, FL
CLERK OF CIRCUIT COURT

CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED 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.

The name of the limited liability company is: **SDG Properties, LLC**

The name and address of the registered agent and office is: Janet Hicks, 18325 Sky Top Lane, Groveland, Florida 34736. Located in the County of Lake.

Having been named as registered agent and to accept service of process for the above stated 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.

Signature: _____


Janet Hicks

Date: January 13, 2004

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STATE OF FLORIDA
TALLAHASSEE, FLORIDAFAX AUDIT # 4040000186893