

LO4000031955

E. LEON JACOBS, JR.

(Requestor's Name)

P.O. Box 1101

(Address)

TALL.

(Address)

TALL FL 32302 956

(City/State/Zip/Phone #)

668-8774

☐ PICK-UP

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STRATEGY MANAGEMENT INVESTMENTS AND  
CONSULTING, LLC

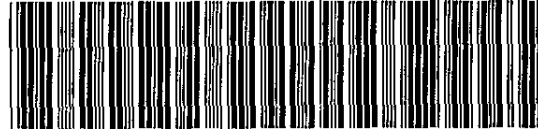
(Business Entity Name)

(Document Number)

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**ARTICLES OF ORGANIZATION OF  
STRATEGY MANAGEMENT, INVESTMENTS AND CONSULTING GROUP,  
LIMITED LIABILITY COMPANY**

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

**ARTICLE I — Name:**

The name of the Limited Liability Company is Strategy Management, Investments and Consulting Group, LLC:

**ARTICLE II — Address:**

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

6428 Mallard Trace Drive  
Tallahassee, Florida 32312

**ARTICLE III — Registered Agent and Registered Office**

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

Grizell Ipek.  
6428 Mallard Trace  
Tallahassee, Florida 32312:

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of the members and acknowledged them to be my act this 27th day of April, 2004.

  
\_\_\_\_\_  
Signature of authorized representative

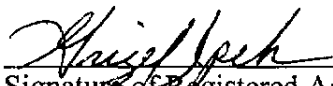
Gatepost Properties, LLC  
Grizell Ipek, Member  
6428 Mallard Trace  
Tallahassee, Florida 32312

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**STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT**

I hereby accept the designation as registered agent to accept service of process for the above stated limited liability company at the place designated in this statement. I am familiar with and accept the obligations of my position as registered agent under Chapter 608, Florida Statutes.

DATE: 4/27/04



\_\_\_\_\_  
Signature of Registered Agent

Grizell Ipek.  
6428 Mallard Trace  
Tallahassee, Florida 32312

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