

L04000033425

2004 APR 26 P 3:38

SECRETARY OF STATE



300033046953

(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

04/27/04--01010--015 **155.00

AL

TRANSMITTAL LETTER

FILED

TO: Registration Section
Division of Corporations

2004 APR 26 P 3:38

SUBJECT: Sigma_Sub_i, LLC
(Name of Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Thomas M. Thornton

(Name of Person)

(Firm/Company)

1304 Roundhouse Lane, Apt. 306

(Address)

Alexandria, VA 22314

(City/State and Zip Code)

For further information concerning this matter, please call:

Thomas M. Thornton

(Name of Person)

at (202) 267-3288

(Area Code & Daytime Telephone Number)

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

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

FILED

2004 APR 26 P 3: 38

ARTICLE I - Name:

The name of the Limited Liability Company is:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Sigma_Sub_i, LLC

ARTICLE II - Address:

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

Principal Office Address:

13829 Softwind Trail North

Jacksonville, FL 32224

Mailing Address:

13829 Softwind Trail North

Jacksonville, FL 32224

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

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

Thomas M. Thornton

Name

13829 Softwind Trail North

Florida street address (P.O. Box **NOT** acceptable)

Jacksonville

FLORIDA 32224

City, State, and Zip

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, Florida Statutes..



Registered Agent's Signature

FILED

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:

2004 APR 26 P 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MGRM

Thomas M. Thornton

13829 Softwind Trail North

Jacksonville, FL 32224

MGRM

Mary C. Thornton

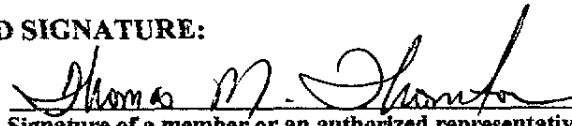
13829 Softwind Trail North

Jacksonville, FL 32224

(Use attachment if necessary)

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

REQUIRED SIGNATURE:



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.)

Thomas M. Thornton

Typed or printed name of signee

Filing Fees:

- ✓ \$100.00 Filing Fee for Articles of Organization
- ✓ \$ 25.00 Designation of Registered Agent
- ✓ \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

\$155.00 enclosed