

MAY-06-2003 11:50

Division of Corporations

CT CORPORATION

01/03

1 of 1

# L04000034678

Florida Department of State  
Division of Corporations  
Public Access System

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To:

Division of Corporations  
Fax Number : (850) 205-0383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
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RECEIVED  
04 MAY - 6 AM 11:53  
DIVISION OF CORPORATION

**LIMITED LIABILITY COMPANY**

**SGC, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

SGC, LLC**ARTICLE II - Address:**

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

**Principal Office Address:**2404 FOX MEADOW LANE  
NORTHFIELD, IL 60093**Mailing Address:**2404 FOX MEADOW LANE  
NORTHFIELD, IL 60093**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

CT CORPORATION SYSTEM

Name

1200 SOUTH PINE ISLAND ROADFlorida street address (P.O. Box NOT acceptable)PLANTATIONFLORIDA 33324

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..*

CT CORPORATION SYSTEM

By

Connie Bryan  
Registered Agent's Signature

CONNIE BRYAN

SPECIAL ASSISTANT SECRETARY

**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:**

MGR

JAY B. JOHNSTON

2404 FOX MEADOW LANE

NORTHFIELD, IL 60093

MGR

KATHERINE R. JOHNSTON

2404 FOX MEADOW LANE

NORTHFIELD, IL 60093

(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.)

WILLIAM R. FRANZEN, ATTORNEY-IN-FACT

Typed or printed name of signer

**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)