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(City/State/Zip/Phone #)	
	MAIL
(Business Entity Name)	
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Office Use Only

# TRANSMITTAL LETTER

TO: Registration Section Division of Corporations

SUBJECT: <u>S&G\_PROPERTIES\_LLC</u> (Name of Limited Liability Company)

\*

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

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Please return all correspondence concerning this matter to the following:

	W. Peter Graper					 
	(Name of Person)					
	S&G PROPERTIES, LLC					1 E
· · · · · · · · · · · · · · · · · · ·	(Firm/Company)					
	3274 Dick Wilson Dr.	<u></u>		<u> </u>	·	 
<i>i</i>	(Address)			_		
	Sarasota, Florida 34240	<u> </u>	81			
	(City/State and Zip Code)					

For further information concerning this matter, please call:

W. Peter Graper (Name of Person)

\_\_\_\_\_at (<u>041\_\_\_)3799413</u> Area Code & Daytime Phone

STREET ADDRESS Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

#### MAILING ADDRESS:

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Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

# S&G Properties ILC S&G PROPERTIES. LLC

#### **ARTICLE II - Address:**

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

Principal Office Address:	Mailing Address:			
3274 Dick Wilson Dr.	Same Zea P			
Sarasota, FL, 34240	<u>200 9</u> T			
ARTICLE III - Registered Agent, Registered Offi The name and the Florida street address of the registered				
<u>Yuw</u> <u>Huc</u> – <u>Hal</u>	va Atalinkas 37			
1832 Malle Ve	w diffice, Diana L. Stadelnikas			
Florida street address (P.O. Box <u>NOT</u> acceptable)				
Avarota	FLORIDA 34241 Sarasota, F1., 34241			
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, F.S.

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

## ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGRM	W. Peter Graper 3274 Dick Wilson Dr. Sarasota, Fl. 34240	
MGRM	Rhonda L, Graper 3274 Dick Wilson Dr. Sarasota, Fl., 34240	
MGRM	Joseph R.Stadelnikas 7833 Saddle Creek Trail Sarasota Fl., 34241	
MGRM	Diana L. Stadelnikas 7833 Saddle Creek Trail Sarasota, Fl., 34241	
		<u> </u>

(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 603.408(1), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

W. Peter Graper

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)