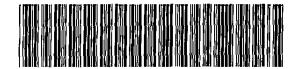
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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: SGP PARTNERS (Name of Limited Liab	illi DS
The enclosed Articles of Organization and fee(s) are submitt	ed for filing.
Please return all correspondence concerning this matter to the	e following:
Glenda Phi (Name o	llips of Person)
SGP PARTNE	ompany)
2 SARAH LANE	dress)
FORT WALTON BEACH	H FLORIDA 32547 und Zip Code)
For further information concerning this matter, please call:	
GLENDA Phillips at (850 592-4569 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
Certificate of Status Cer	\$155.00 Filing Fee & Status & Certified Copy (additional copy is enclosed)
CTREET ANDRESS.	MAH INC ADDDESS.

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

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

ARTICLE I - Name: The name of the Limited Liability Company is: SGP PARTNERS, "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: SARAH LANE FORT NAUTON BEACH FLORIDA 33547 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are: Glenka J. Philips Name SARAH LANE Florida street address (P.O. Box NOT acceptable) Fort Walton BEACHFL 32547 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..

(CONTINUED)

Title: "MGR" = Manager "MGRM" = Managing Membe	Name and Address:
"MGR"	Steve Phillips 2 SARAH LANE FORT WALTON BRACH, FLORIDA 3254
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(Use attachment if necessary)	CORDA CORDA
	must be added if an effective date is requested.
REQUIRED SIGNATURE:	
ald the	Tilliz
Signature of a	member or an authorized representative of a member.
of this documer	with section 608.408(3), Florida Statutes, the execution at constitutes an affirmation under the penalties of perjury stated herein are true.)
	Steve Philips Typed or printed name of signee
Filing Fees:	
\$125.00 Filing Fee for Articles of Registered Agent \$ 30.00 Certified Copy (Option: \$ 5.00 Certificate of Status (O	al)