

105000097695

00789-00524-00671 forms - LC not GP or Ar.

(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:

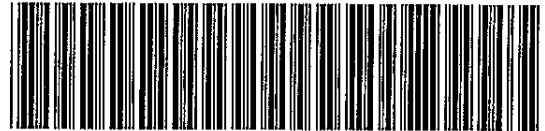
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FL LC

105-97695

Office Use Only

105-40642



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HODGSON

08/29/05--01017--029 **125.00

FILED
05 OCT -4 PM 1:39
SOUTH FLORIDA
TALLAHASSEE FLORIDA



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

August 29, 2005

MIKE MARSH/PETER GRIFFITH
SG LLC
11433 LAKE CYPRESS LOOP
FORT MYERS, FL 33913

SUBJECT: SG LLC
Ref. Number: W05000040642

We have received your document for SG LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must complete the attached ARTICLES OF ORGANIZATION to form a Limited Liability Company.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Michelle Hodges
Document Specialist

Letter Number: 305A00054424

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SG
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

Peter Griffith
(Name of Person)

(Firm/Company)

11433 Lake Cypress Loop
(Address)

Ft. Myers FL 33913
(City/State and Zip Code)

For further information concerning this matter, please call:

Peter Griffith at (239) 333-5546
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|---|---|---|

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

SG 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:

11433 Lake Cypress Loop
Ft Myers FL 33913

SAME

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

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

Peter Griffith

Name

11433 Lake Cypress Loop

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


Ft Myers

FL

33913

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,


Registered Agent's Signature

(CONTINUED)

FILED
OCT -4 PM 1:39
CLERK OF THE COURT
TALLAHASSEE FLORIDA

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

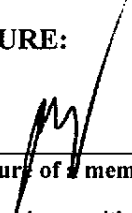
Name and Address:

<u>MGR</u>	<u>Peter Griffith</u> <u>11433 Lake Cypress Loop</u> <u>PO Myers FL 33913</u>
<u>MGR</u>	<u>Mike Marsh</u> <u>Parryway Colorado</u>
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(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.)

Peter Griffith

Typed or printed name of signee

Filing Fees:

**\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent**
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)