

L050000107453

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

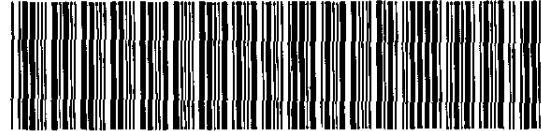
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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05 NOV -4 PM 4:06  
05 NOV -4 AM 11:53  
TALLAHASSEE - FLORIDA  
STATE DEPARTMENT OF REVENUE  
TALLAHASSEE, FLORIDA

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

~~QID~~ SID 65, LLC

5 LLCs  
total

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

Art of Inc. File

LTD Partnership File

Foreign Corp. File

☒ L.C. File

Fictitious Name File

Trade/Service Mark

Merger File

Art. of Amend. File

RA Resignation

Dissolution / Withdrawal

Annual Report / Reinstatement

☒ Cert. Copy

Photo Copy

Certificate of Good Standing

Certificate of Status

Certificate of Fictitious Name

Corp Record Search

Officer Search

Fictitious Search

Fictitious Owner Search

Vehicle Search

Driving Record

UCC 1 or 3 File

UCC 11 Search

UCC 11 Retrieval

Courier

RECEIVED  
TALLAHASSEE, FLORIDA  
NOV-14-11 PM 11:05

**ARTICLES OF ORGANIZATION  
FOR  
SID G5, LLC**

The undersigned, for the purpose of forming a Limited Liability Company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby make, acknowledge, and file the following Articles of Organization.

**ARTICLE I - NAME**

The name of the Limited Liability Company is:

**SID G5, LLC** hereinafter ("Company").

**ARTICLE II - ADDRESS**

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

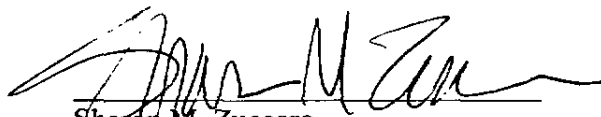
9150 Galleria Court  
Suite 100  
Naples, FL, 34109-4379

**ARTICLE III - REGISTERED AGENT AND OFFICE**

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

Sharon M. Zuccaro  
9990 Coconut Road  
Suite 101  
Bonita Springs, FL 34135

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated above, 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.

  
Sharon M. Zuccaro

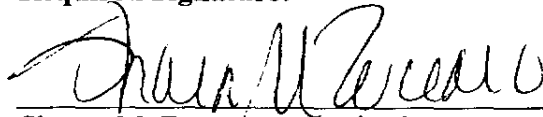
05 NOV -4 PM 4:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV – MEMBERS**

The name and address of the managing member of the Company is:

Mark R. Chaney  
9150 Galleria Court  
Suite 100  
Naples, FL, 34109-4379

**Required Signature:**

A handwritten signature in cursive script, appearing to read "Sharon M. Zuccaro", written over a horizontal line.

Sharon M. Zuccaro, authorized representative of member