

W6000024324

(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:

Office Use Only



300067014423

03/03/06---01063---007 **160.00

FILED
2006 MAR 3 PM 1:33
SEC. FILING
CLERK

W6-24324
OK

Laurence I. Goodrich

Attorney at Law
8714 Cove Court
Tampa, Florida 33615

Tel. (813) 889-7179

attylarry@tampabay.rr.com

Fax (813) 880-0262

March 2, 2006

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

TRANSMITTAL LETTER (By FedEx Airbill No. 8559 3784 7710)

SUBJECT: **SGLA, LLC.**
(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:

Laurence I. Goodrich
(Name of Person)

Attorney at Law
(Firm/Company)

8714 Cove Court
(Address)

Tampa, Florida 33615
(City/State and Zip Code)

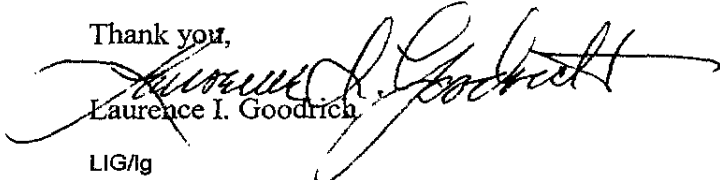
For further information concerning this matter, please call:

Laurence I. Goodrich at **(813) 889-7179**
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Thank you,


Laurence I. Goodrich

LIG/lg

Enclosures

RECEIVED
MAR 10 - 3 PM 1:39
REGISTRATION SECTION
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SGLA, LLC.

ARTICLE II - Address:

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

Principal Office Address:

5601 MARINER STREET
SUITE 300
TAMPA, FL 33609

Mailing Address:

5601 MARINER STREET
SUITE 300
TAMPA, FL 33609

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

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

SCOTT J. MCEWAN

Name

5601 MARINER STREET, SUITE 300

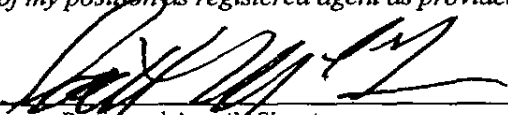
Florida street address (P.O. Box NOT acceptable)

TAMPA, FL 33609

FL

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

(CONTINUED)

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:

MGRM

SCOTT J. McEWAN

5601 MARINER STREET, SUITE 300

TAMPA, FL 33615

MGRM

GLENN W. McEWAN

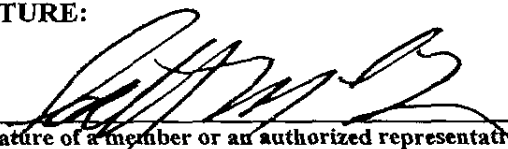
8706 BROOK WAY CIRCLE

TAMPA, FL 33635

(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.)

SCOTT J. McEWAN

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)