Division of Corporations

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Florida Department of State

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Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : LEVIN, TANNENBAUM, BAND, GATES & PUGH

Account Number : Il9980000105 Phone : (941)316-0111 Fax Number : (941)366-8491

FLORIDA/FOREIGN LIMITED LIABILITY CO.

SGRD-W, LLC

Certificate of Status	0
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ARTICLES OF ORGANIZATION

SGRD-W, LLC a Florida limited liability company

ARTICLE I NAME

The business and affairs of the Limited Liability Company shall be conducted under the name of:

SGRD-W, LLC

ARTICLE II PRINCIPAL OFFICE

The street address and the mailing address of the principal place of business of the Limited Liability Company shall be:

1680 Fruitville Road, Suite #102 Sarasota, Florida 34236

ARTICLE III INITIAL REGISTERED AGENT/OFFICE

The registered office of the Limited Liability Company and its initial registered agent shall be:

Gregory S. Band 1680 Fruitville Road, Suite #102 Sarasota, Florida 34236

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ARTICLE IV MANAGEMENT AND POWERS

The business and affairs of the Limited Liability Company shall be managed by one or more Managers elected as provided in the Regulations or Operating Agreement of the Limited Liability Company.

IN WITNESS WHEREOF, these Articles of Organization have been executed as of the 17 + day of April, 2006.

Gregory S. Band

"Authorized Representative"

SECRETARY OF STATE OF CORPORATION OF CORPORATION

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 608.415 of the Florida Statutes, the undersigned Limited Liability Company submits the following statement to designate a registered office and registered agent in the State of Florida.

1. The name of the Limited Liability Company is:

SGRD-W, LLC

2. The name and the Florida street address of the registered agent is:

Gregory S. Band 1680 Fruitville Road, Suite #102 Sarasota, Florida 34236

Having been named 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Gregory S Band

"REGISTERED AGENT"

SECRETARY OF STATE OF CORFORATION OF CORFORATION