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Division of Corporations

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Division of Corporations

Fax Number : (850

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From:

Account Name : W. KEVIN RUSSELL, P.A.

Account Number : 120050000181 Phone : (941)429-1871 Fax Number : (941)429-8961 SECRETAR OF STATE STATE STATE STATE OF STATE OF

FLORIDA/FOREIGN LIMITED LIABILITY CO.

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SGC 10, LLC.

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ARTICLES OF ORGANIZATION OF SGC 10, LLC., A LIMITED LIABILITY COMPANY

The undersigned, being authorized to execute and file these Articles of Organization, hereby certifies that:

ARTICLE I - Name:

The name of the limited liability company (hereinafter referred to as the "Company") is "SGC 10, LE

ARTICLE II - Address:

The mailing address and street address of the principal office of the Company is: 1032 Tamiami Trail, Suite Port Charlotte, Florida 33953.

ARTICLE III - Registered Agent:

The name and the Florida street address of the initial registered agent are: Christopher DeBruler 4932 Tamiami Trail, Suite 3, Port Charlotte, Florida 33953.

ARTICLE IV - Management:

The Company is to be managed by one manager or more managers and therefore is a manager-managed company. The manager shall be Christopher DeBruler and his address is 1032 Tamiami Trail, Suite 3, Port Charlotte, Florida 33953.

ARTICLE V - Limitation on Agency Authority of Members:

Pursuant to Section 608.4235 of the Florida Limited Company Act, no member of the Company shall be an agent of the Company solely by virtue of being a member.

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act this 2th day of May, 2006.

Christopher DeBruler

Typed or printed name of signee

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.

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STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT OF SGC 10, LLC.

I hereby accept the designation as registered agent to accept service of process for the above-stated limited liability company at the place designated in this statement. My street address is 1032 Tamiami Trail, Suite 3, Port Charlotte, Florida 33953. 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 under Chapter 608, Florida Statutes.

Christopher DeBruler

Typed or Printed Name

In accordance with Section 608.408(3), Florida Statutes, the execution of this statement constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

SECRETARY OF STATE