

LO7000035670

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

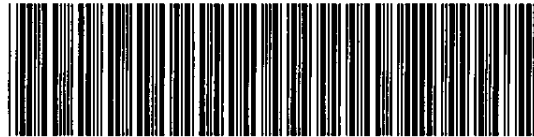
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

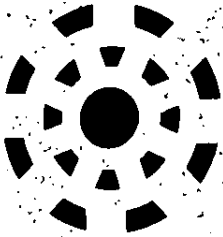
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Ricketts Co. LPA

Expanding Opportunities
Focused on Solutions

M. Brandon Teeples, Esq.
Direct Dial: (614) 834-8258

April 2, 2007

Via Federal Express
Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Articles of Organization for Florida LLC- SFI Management Company, LLC

Dear Clerk:

Enclosed please find the "Articles of Organization" for filing. Also enclosed is our firm's check (check no: 5953) in the amount of \$125.00 for the filing fee. After filing, please return a time stamped copy to me in the self addressed postage paid envelope provided.

Should you have any questions, please feel free to contact me or Brandon directly. Thank you for your assistance.

Very truly yours,

Jennifer A. Bauer
Paralegal to M. Brandon Teeples
(614) 834-8253

/jab
enclosures

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07 APR 03 PM 4:47

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SFI Management Company, 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:

M. Brandon Teeples

(Name of Person)

Ricketts Co., LPA

(Firm/Company)

50 Hill Road South

(Address)

Pickerington, Ohio 43147

(City/State and Zip Code)

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For further information concerning this matter, please call:

M. Brandon Teeples

(Name of Person)

at (614) 834-8225

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" 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) |
|---|---|---|---|

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SFI Management Company, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

8500 SW Riviera Drive

Arcadia, FL 34269

Mailing Address:

8500 SW Riviera Drive

Arcadia, FL 34269

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

William R. Miller

Name

8500 SW Riviera Drive

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

Arcadia

FL 34269

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 (REQUIRED)

(CONTINUED)

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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:

MGR

William R. Miller
8500 SW Riviera Drive
Arcadia, FL 34269

MGR

William D. Miller
499 North Broad Street
Bremen, OH 43107

MGR

Stephen E. Magill
499 North Broad Street
Bremen, OH 43107

MGR

Louis D. Dellapina
499 North Broad Street
Bremen, OH 43107

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: April 1, 2007. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

William R. Miller

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)