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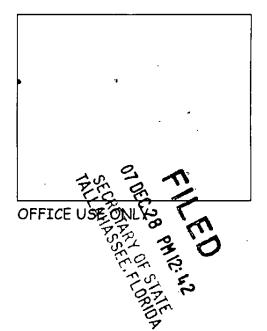
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WALK-IN

ENTITY NAME:

I. SJW HOLDINGS, LLC

CK# 3028

AMOUNT \$155.00

PLEASE FILE THE ATTACHED ARTICLES OF ORGANIZATION & RETURN THE FOLLOWING:

XXX CERTIFIED COPY

___ STAMPED COPY

___ CERTIFICATE OF STATUS

COVER LETTER

COV	ER LETTER	*
TO: Registration Section Division of Corporations	∠. 0	3 1
SUBJECT: SJW Holdings, LLC	Programme and the second secon	E /
	mited Liability Company)	8 4
The enclosed Articles of Organization and fee(s) a	are submitted for filing.	ELED WESTER
Please return all correspondence concerning this n	natter to the following:	Contraction to
Richard W. (Jack) Lasater	11	The state of the s
	(Name of Person)	·
Foley & Lardner LLP		
	(Firm/Company)	
555 South Flower Street, S	Suite 3500	
	(Address)	
Los Angeles, California 90	071	
	City/State and Zip Code)	
For further information concerning this matter, ple	rase call:	
Jack Lasater	at (_213) 972-4559	
(Name of Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address Registration Section Division of Corporation 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 FO	OR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name:	2 1
The name of the Limited Liability Comp	any is:
SJW Holdings, LLC	美文 6
(Must end with the words "Limi	ted Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address o	f the principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
555 South Flower Street, Suite 3500	555 South Flower Street, Suite 3500
Los Angeles, California 90071	Los Angeles, California 90071
	Attn: Richard W. (Jack) Lesster
(The Limited Liability Company cannot serve as its obusiness entity with an active Florida registration.) The name and the Florida street address	istered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another of the registered agent are:
F&LCorp.	

Name

One Independent Drive, Suite 1300

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

Jacksonville, FL 32202L

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..

Charles V. Hell. L.
Registered Agent's Signature (REQUIRED) Quethonized Signatury

(CONTINUED) Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRM	Jon M. Wilson
	555 South Flower Street, Suite 3500
	Los Angeles, California 90071
(Use attachment if necessary)	
'LEV: Effective date, if other than t	he date of filing: (OPTIONA
nective date is listed, the date musi	t be specific and cannot be more than five business day
days after the date of filing.)	
REQUIRED SIGNATURE:	
	2 m William

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)

Jon M. Wilson

that the facts stated herein are true.)

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

Typed or printed name of signee