

L09000054712

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

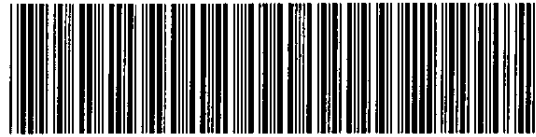
Special Instructions to Filing Officer:

Office Use Only

G. MCLEOD

JUN - 5 2009

EXAMINER



800156396958

06/04/09--01033--016 **125.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
09 JUN - 4 PM 1:32

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 7 G Development 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:

Shannon Lovins
Name of Person

THE LOVINS LAW FIRM
Firm/Company

120 College Street
Address

Asheville NC 28801
City/State and Zip Code

jclaplane@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN LAPLANTE at (850) 258-2928
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 ☐ \$155.00 Filing Fee & 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 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:

7G Development LLC

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

ARTICLE II - Address:

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

Principal Office Address:

82 South Barrett Sq.
Suite 2B
Rosemary Beach, FL 32461

Mailing Address:

P.O. Box 161127
Rosemary Beach, FL 32461

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.)

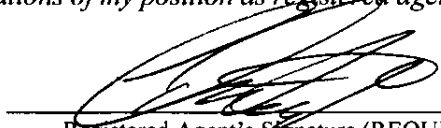
The name and the Florida street address of the registered agent are:

John LaPlante Christopher Gay
Name

82 South Barrett Sq. Suite 2B
Florida street address (P.O. Box **NOT** acceptable)

Rosemary Beach FL 32461
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)

FILE
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 JUN -4 PM 1:32

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

Potomac
Capital LLC

4 G Resorts

Name and Address:

C/O THE LOVINS LAW FIRM
120 College Street
Asheville, NC 28801

C/O JOHN LaPlante
P.O. Box 61127
Rosemary Beach, FL 32461

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 6/1/2009. (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:

Jon LaPlante authorized representative
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.)

Jon LaPlante

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)