

Division of Corporations

Page 1 of 1

L10000053526

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000118746 3)))



H100001187463ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : GARTNER BROCK & SIMON
Account Number : I19990000204
Phone : (904) 399-0870
Fax Number : (904) 399-1113

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: BCSimon@gbslaw.net

FLORIDA LIMITED LIABILITY CO. S and G Investments I, LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 MAY 18 AM 10:09

RECEIVED

10 MAY 28 PM 12:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

G. MCLEOD

MAY 19 2010

EXAMINER

((H10000118746 3)))

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: S and G Investments I, 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:

Bert C. Simon

Name of Person

Gartner, Brock & Simon

Firm/Company

1660 Prudential Drive, Ste 203

Address

Jacksonville, Florida 32207

City/State and Zip Code

bcsimon@gbslaw.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bert C. Simon

Name of Person

at (904)

399-0870

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
2561 Executive Center Circle
Tallahassee, FL 32301

((H10000118746 3)))

(((H10000118746 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

S and G Investments I, 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:One Independent Drive, Ste 1800
Jacksonville, FL 32202**Mailing Address:**One Independent Drive Ste 1800
Jacksonville, FL 32202**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:

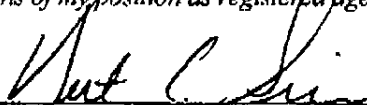
Bert C. Simon

Name

1660 Prudential Drive, Ste 203Florida street address (P.O. Box **NOT** acceptable)JacksonvilleFL 32207

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)

Page 1 of 2

(((H10000118746 3)))

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAY 18 AM 10:09

(((H10000118746 3)))

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:MGRM

Development Services Group, Inc.

One Independent Drive, Ste 1800

Jacksonville, FL 32202

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.)

Sydney A. Gerwin III

Typed or printed name of signer

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)

(((H10000118746 3)))