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| (Requestor's Name)                      |  |  |  |  |
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| (City/State/Zip/Phone #)                |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |
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| (Business Entity Name)                  |  |  |  |  |
| (Susiness Entry Nume)                   |  |  |  |  |
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| (Document Number)                       |  |  |  |  |
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| Certified Copies Certificates of Status |  |  |  |  |
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| Special Instructions to Filing Officer: |  |  |  |  |
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2011 AUG = 1 PH 12: 5\$
SECRETARY OF STATE
TAIL AHASSEE, FLORIDA

T. CLINE
AUG - 2 2011

AMINER

## COVER LETTER

|                        | Corporations  |  |                     |
|------------------------|---|--|---------------------|
| SUBJECT:               | FGBG, LLC   |  |                     |
|                        | Name of Limite  | ed Liability Company   |                     |
| The enclosed Article   | es of Organization and fee(s) are s   | submitted for filing.  |                     |
| Please return all corr | respondence concerning this matt  | er to the following:   |                     |
| MICH                   | AEL J. CLEVENG  | ER JR.   |                     |
|                        |   | Name of Person   |                     |
|                        |   | Firm/Company   | · ,                 |
| 4630 F                 | LEVATION WAY #2   |  |                     |
|                        |   | Address  |                     |
| FORT M                 | YERS, FL 33905  |  |                     |
|                        | City  | y/State and Zip Code   |                     |
| BRADLE                 | YKSPEARING@YAHO   | O.COM or future annual report notification)  |                     |
| For further informati  | on concerning this matter, please   | ₹,   | 2011<br>SEC         |
| BRADLEY K.             | SPEARING  | at ( 239 ) 243-4264  | 2011 AUG = 1 PM 12: |
| Na                     | me of Person  | Area Code & Daytime Telephone Number   | ~ ~                 |
| Enclosed is a check    | c for the following amount:   | FLOR   |                     |
| \$125.00 Filing Fee    | \$130.00 Filing Fee & Certificate of Status   | \$155.00 Filing Fee & \$160.00 Filing Fe Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is en             | tus &               |
|                        | 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  | y is:  |  |
| FGBG, LLC  (Must end with the words "Limited in the words "Limited | Liability Company, "L.L.C.," or "LLC.")  |  |
| ARTICLE II - Address:  |  |  |
| The mailing address and street address of the  | ne principal office of the Limited Liability Company is  |  |
| Principal Office Address:  | Mailing Address:   |  |
| 4630 ELEVATION WAY #2  | 4630 ELEVATION WAY #2  |  |
| FORT MYERS, FL 33905   | FORT MYERS, FL 33905   |  |
|  |  |  |
| ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)  | ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another |  |
| The name and the Florida street address of t   | the registered agent are:  |  |
| RRADI EV K SPEARING  |  |  |

Name

4630 ELEVATION WAY #2 Florida street address (P.O. Box NOT acceptable)

FORT MYERS

FL 33905 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

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

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

| Title:                                   | Name and Address:   |
|--|---|
| "MGR" = Manager "MGRM" = Managing Member |   |
| MGRM                                     | MICHAEL J. CLEVENGER JR.                                      |
| <del></del>                              | 4630 ELEVATION WAY #2   |
|  | FORT MYERS, FL 33905  |
| MGRM                                     | BRADLEY K. SPEARING   |
|  | 4630 ELEVATION WAY #2   |
|  | FORT MYERS, FL 33905  |
|  |   |
| <del></del>                              |   |
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|  |   |
| (Use attachment if necessary)            | 1A'S 28   |
| CLE V: Effective date, if other than t   | the date of filing: (QPTIONAL)                                |
| effective date is listed, the date must  | t be specific and cannot be more than five business days prio |
| 0 days after the date of filing.)        | AR)   |
|  |   |
| DECLUBED CICHARUDE.                      | F STA FLOR  |
| REQUIRED SIGNATURE:                      | STATE LORID.  |
|  |   |
|  |   |
| Signature of a mem                       | nber of an authorized representative of a member.             |
| (In aggordance with contion 6            | 608 408(3) Florida Statutes, the execution of this document   |

(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

## BRADLEY K. SPEARING

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)