L14000012909

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

L14-12909

P/C

JAN 24 2014

N. CAUSSEAUX

JOHN B. FOSTER INVESTMENTS
PH. 817-633-3355
1201 N. WATSON RD., STE. 145
ARLINGTON, TX 76006

WORTHINGTON NATIONAL BANK
200 WEST MAIN
ARLINGTON, TX 76010
(817) 303-3900
88-2462/1119

004057
CHECK NO.

DATE 01/03/14 AMOUNT 125.00

PAY **One Hundred Twenty-five And 00/100 Dollars**

TO THE ORDER OF
FLA DEPT OF STATE
DIVISION OF CORPORATIONS

Linda Thomas
AUTHORIZED SIGNATURE

⑈004057⑈ ⑆111924622⑆ 6000260⑈

Seq: 712
Batch: 137617
Date: 01/07/14

Seq:00712 01/07/14
BAT:137617 CC:07502103
WT:05 LTPS:Jacksonville
8C:Tallahassee CV FL8-00

SUBSEQUENT COLLECTING BANK USE ONLY

FOR DEPOSITORY BANK USE ONLY

YOUR ENDORSEMENT IN THE ABOVE AREA ONLY
DO NOT SIGN, WRITE, OR STAMP BELOW THIS LINE

005-4500453-1000068736
DEPOSIT ONLY 125.00
01/06/14—01035—034

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: South Florida Sigma Investments, 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:

Linda Thomas
Name of Person

Bahamas Reef Conservancy, LLC
Firm/Company

201 Main Street #1555
Address

Fort Worth, TX 76102
City/State and Zip Code

LKTHO@SBCGLOBAL.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Linda Thomas at (817) 877-1101
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

[XX] $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

Fax Transmission Cover Sheet

Date: 1/23/14

To: Nanette - Florida Dept. of State, Division of Corporations

(850)245-6030

From: Robin Rosen

Fax: (817)877-1142

Phone: (817)877-1101

You should receive 5 pages including this cover sheet.

Please find the following Articles of Organization along with a copy of the cancelled check for this filing. It cleared the bank on 1/7/14.

Thank you.

W14-1678

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

South Florida Sigma Investments, 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:	**Mailing Address:**
201 Main Street #1555	201 Main Street #1555
Fort Worth, TX 76102	Fort Worth, TX 76102

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:

CT Corporation System
Name

1200 South Pine Island Road
Florida street address (P.O. Box **NOT** acceptable)

Plantation FL 33324
City 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 605, F.S.

Registered Agent's Signature (REQUIRED) M. B. Jones, Asst. Sec'y.

(CONTINUED)

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ARTICLE IV-
The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	Name and Address:
"AMBR" – Authorized Member "MGR" – Manager AMBR	John B. Foster 201 Main Street #1555 Fort Worth, TX 76102

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: December 31, 2013 (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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.
(In accordance with section 605.0203 (1) (b), 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.)

LINDA THOMAS
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)

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