## L15000100177

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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SECRETARY OF STATE OF

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2 06/10/15

## COVER LETTER

TO:	Registration Section Division of Corporations		
		J & M SGI,	HC
SUBJI		Name of Limited Liabili	
	closed Articles of Organization		_
Please	return all correspondence conce	_	-
		James [	Driscoll
		Name of	Person
		J & M S	GI, LLC
		Firm/Cor	npany
	17207	' Kuykenda	hl Rd Suite 215
	-1-17E	Addro	ess
		Spring, T	X 77379
		City/State and	•
		register@1800a	ccountant.com  or future annual report notification)
For fur	ther information concerning this		
	James Driscol	•	990 6500
	Name of Person	at ( <b>∠O I</b> Area Code	Daytime Telephone Number
	Name of Person	Area Code	Daytime retermone Number
Enclos	ed is a check for the following a	imount:	
<b>\$125</b> .0	00 Filing Fee \$130.00 Fil Certificate	of Status Certifi	0 Filing Fee & \$160.00 Filing Fee, ed Copy Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section		Street/Courier Address Registration Section
	Division of Corporate P.O. Box 6327	tions	Division of Corporations Clifton Building
	Tallahassee, FL 323		2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	J & N	I SGI, LLC		
(M	fust end with the words	'Limited Liability C	Company, "L.L.C.," or "LLC.")	_
ARTICLE II - Address The mailing address and		incipal office of the	Limited Liability Company is:	
Principal Office Addre	ess:	Mailing Addres	<u>s:</u>	
17207 Kuykend	dahl Rd. Suite 215		17207 Kuykendahl Rd Sulte 215	
Spring,	TX 77379		Spring, TX 77379	<del>-</del> -
		gistration.)		
The name and the Florid	da street address of the re	,	mpany	
The name and the Florid	da street address of the re Corporatio	egistered agent are: on Service Co	mpany	
The name and the Florid	da street address of the re Corporatio	egistered agent are: on Service Co Name on Hays Street		
The name and the Florid	da street address of the re Corporatio	egistered agent are: on Service Co Name on Hays Street P.O. Box NOT acco		
The name and the Florid	da street address of the re Corporation 120 Florida street address (	egistered agent are: on Service Co Name on Hays Street P.O. Box NOT acco	eptable)	

(CONTINUED)

Page 1 of 2

15 IIIN -8 PHI2: 20

SECRETARY OF SIGH

<u> Title:</u>	Name and Address:
AMBR" = Authorized Memb	
'MGR" = Manager	
AMBR	James Driscoll
	17207 Kuykendahl Rd Suite 215
	Spring, TX 77379
AMBR	Lee Driscoll
<del></del> -	17207 Kuykendahl Rd Suite 215
	Spring, TX 77379
no	
AMBR	
<del></del>	
	in the date of filing: (OPTIONAL)
EV: Effective date, if other the ctive date is listed, the date in filling.)	in the date of filing:
EV: Effective date, if other that crive date is listed, the date in filling.) EVI: Other provisions, if any.	in the date of filing:
CV: Effective date, if other that tive date is listed, the date in filing.) CVI: Other provisions, if any.	in the date of filing:
EV: Effective date, if other that crive date is listed, the date in filling.) EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature (In accordance with constitutes an affill am aware that an	in the date of filing:
ctive date is listed, the date in filling.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature (In accordance with constitutes an affill am aware that an	eof a member or an authorized representative of a member.  In section 605.0203 (1) (b), Florida Statutes, the execution of this document rmation under the penalties of perjury that the facts stated herein are true, by false information submitted in a document to the Department of State

ARTICLE IV-

Page 2 of 2

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)