

# L17000030785

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

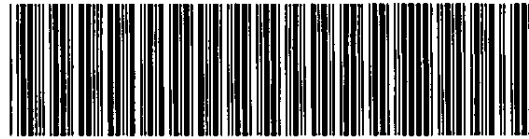
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FEB 13 2017

K. Brumbley

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FGI Holdings GP, 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:

Richard Knepfler

Name of Person

Fundamental Global Investors, LLC

Firm/Company

9130 Galleria Court, 3rd Floor

Address

Naples, FL 34109

City/State and Zip Code

RICH@CWAFIGL.COM

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

For further information concerning this matter, please call:

Richard Knepfler      239      566-4821  
at (      )  
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**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

New Filing 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:

FGI Holdings GP, 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:

9130 Galleria Ct, 3rd Floor  
Naples, FL 34109

9130 Galleria Ct, 3rd Floor  
Naples, FL 34109

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:

Blaine Ferguson

Name

9130 Galleria Court, 3rd Floor

Florida street address (P.O. Box **NOT** acceptable)

Naples

FL

34109

City

State

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)

(CONTINUED)

Page 1 of 2

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TALLAHASSEE, FLORIDA

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

Daniel Cerminara

131 Plantation Ridge, Suite 100

Mooresville, NC 28117

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

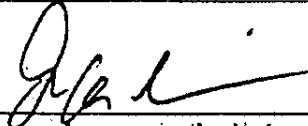
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.  
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
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.

D. Kyle Cerminara

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)



DIVISION OF CORPORATIONS  
P.O. BOX 898  
DOVER, DELAWARE 19903

STATE OF DELAWARE  
**DEPARTMENT OF STATE**  
DIVISION OF CORPORATIONS  
401 FEDERAL STREET, SUITE 4  
DOVER, DELAWARE 19901

GENERAL INFORMATION  
[www.CORP.DELAWARE.GOV](http://www.CORP.DELAWARE.GOV)  
(302) 739-3073

DATE: February 6, 2017

To Whom It May Concern:

The enclosed is being returned for the reason stated below:

- ☐ Check not signed
- ☐ Make check payable to Delaware Secretary of State
- ☐ Foreign check not acceptable, check must be in U.S. Dollars drawn on a U. S. Bank or International Money Order in U.S. Dollars
- ☐ Written and numerical amounts on the check are not the same
- ☐ Check for filing fee/taxes did not accompany the report
- ☐ Need corporation name/file number in order to apply money correctly
- ☐ Annual Report Amounts and check amount do not equal
- ☐ Please endorse and return to the below address
- ☐ Other: \_\_\_\_\_
- ☒ Received by the Delaware Division of Corporations in error

CORRECT THE ABOVE AND RETURN WITH MEMO WITHIN 15 BUSINESS DAYS TO:

Delaware Division of Corporations,  
Franchise Tax Section, Attn: Mario Accumano  
PO Box 898  
Dover DE 19903