

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : LYONS & LYONS, P.A.
Account Number : I20030000061
Phone : (239) 948-1823
Fax Number : (239) 948-1826

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

Email Address: rlyons@lyons-law.com

**FLORIDA LIMITED LIABILITY CO.
SG307, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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**ARTICLES OF ORGANIZATION -
OF
SG307, LLC**

ARTICLE I - NAME

The name of the limited liability company is SG307, LLC, ("company").

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:
2924 Glacier Trail
Porter, Indiana 46304

Mailing Address:
2924 Glacier Trail
Porter, Indiana 46304

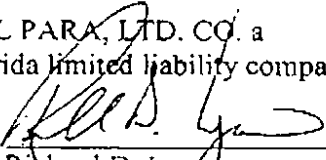
**ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

The name and the Florida street address of the registered agent are:

L&L PARA, LTD. CO.
27911 Crown Lake Boulevard, Suite 209
Bonita Springs, Florida 34135

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.

L&L PARA, LTD. CO. a
Florida limited liability company

By: 
Richard D. Lyons
Its: Manager

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ARTICLE IV - MANAGERS OR MEMBERS

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

Title:

"MGR" = Manager

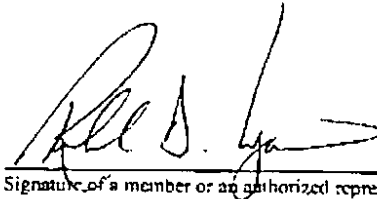
"AMBR" = Authorized Member

Name and Address:

MGR

Susan C. Brandstetter
2924 Glacier Trail
Porter, Indiana 46304

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.

Richard D. Lyons

Typed or printed name of signer