Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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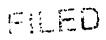


ote: DC	O NOT hit the REFRESH/RELOAD button on your browser fro	om this page.	
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To:			
10.	Division of Corporations Fax Number : (850)617-6381		
From:			
	Account Name : BURR & FORMAN LLP		
	Account Number : 119990000278	~	
	Phone : (407)540-6600 Fax Number : (407)540-6601	023	
	107/540 0001		
*Enter	the email address for this business entity to be used fo	2023 DEC 2	
an	the email address for this business entity to be used fo noual report mailings. Enter only one email address pleas mail Address:	or future NO	*****
an	nnual report mailings. Enter only one email address pleas	or future 21 PM 2: 2	
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an	FLORIDA LIMITED LIABILITY CO. SGW, LLC	or future 21 PH 2: 26	in E
an	FLORIDA LIMITED LIABILITY CO.	21 PH 2: 26 2023	
an	FLORIDA LIMITED LIABILITY CO. SGW, LLC	21 PH 2: 26 2023 DEI	
an	FLORIDA LIMITED LIABILITY CO. SGW, LLC Certificate of Status	21 PH 2: 26 2023	

Electronic Filing Menu

Corporate Filing Menu

DEC 2 4 2013



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ARTICLES OF ORGANIZATION FOR FLO	RIDA LIMITED LIABILITY COM	RESTUEC 21 PM 3: 45
ARTICLE I · Name:	-	= -
The name of the Limited Liability Company is:		. CF STATE
and the same and t		LAHASSEE, FL
SGW, LLC		
(Must contain the words "Limited Liab	ility Company, "L.L.C.," or "LLC	C.")
A DETICAL ELIA A Advanta		
ARTICLE II - Address: The mailing address and street address of the principal office	of the Limited Liability Compan	ny is:
Principal Office Address:	Mailin	g Address:
2975 Blackburn Street	2975 Blackburn Street	1
Stc. #1215	Stc. #1215	
Dallas, TX 75204	Dallas, TX 75204	
CT Corporation System Na 1200 South Pine Island Re Florida street address (P.0	oad	
Plantation	FL 33324	
City	State Zip	
Having been named as registered agent and to accept service of place designated in this certificate. I hereby accept the appointin further agree to comply with the provisions of all statutes relatin am familiar with and accept the obligations of my position as ref	ent as registered agent and agree g to the proper and complete perfe	to act in this capacity. 1 Formance of my duties, and 1
/s/ David We	scott, Assistant Secretary	
Registered /	Agent's Signature (REQUIRED)	
(CC	ONTINUED)	

14075409523

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Jackson A. Freese 420 20th Street N. Ste. 3400 Birmingham, AL 35203
MGR	Catharine Greer Goss 2975 Błackburn Street, Ste. 1215 Dallas, TX 75204
•	
tive date is listed, the date must be splitting.)	e of filing:
V: Effective date, if other than the dat tive date is listed, the date must be s filling.) he date inserted in this block does not ent's effective date on the Departmen VI: Other provisions, if any.	pecific and cannot be more than five business days prior to or 9 meet the applicable statutory filing requirements, this date will no
V: Effective date, if other than the date tive date is listed, the date must be suffling.) ne date inserted in this block does not ent's effective date on the Department. VI: Other provisions, if any. EOUIRED SIGNATURE: Signature of a material and any fals.	pecific and cannot be more than five business days prior to or 9 meet the applicable statutory filing requirements, this date will no
V: Effective date, if other than the date tive date is listed, the date must be suffling.) the date inserted in this block does not ent's effective date on the Department. VI: Other provisions, if any. EOUIRED SIGNATURE: Signature of a material than any false constitutes a third degree.	meet the applicable statutory filing requirements, this date will not of State's records. At the applicable statutory filing requirements, this date will not of State's records. The many state of a member of an authorized representative of a member of a member of an accordance with section 605.0203 (1) (b). Florida Statutes, we information submitted in a document to the Department of State