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(Re	questor's Name)	
, (Ad	dress)	
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. (Cit	y/State/Zip/Phone	e #)
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ALLAHASSEE FLORIDA

#### TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: SRG Management, LLC	
(Name of	Limited Liability Company)
	Liability Company for Authorization to Transact Business in re submitted to register the above referenced foreign limited la
Please return all correspondence concerning th	is matter to the following:
Heather A. Nichol	s
	(Name of Person)
Handler, Thayer & Duggan, LLC	
	(Firm/Company)
191 N. Wacker Drive, Suite 2300	
	(Address)
Chicago, Illinois 60606	
(Cit	y/State and Zip Code)
For further information concerning this matter,	please call:
Heather A. Nichols	at ( 312 ) 641-2100
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
409 E. Gaines Street	P.O. Box 6327
Tallahassee, Florida 32399	Tallahassee, Florida 32314
Enclosed is a check for the following amount:	

**☑** \$125.00 Filing Fee

☐ \$130.00 Filing Fee &

Certificate of Status

□ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate atus Certified Copy of Status & Certified Copy

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	SRG Management, LLC	•						
	(Name of Foreign Limited Liability Company)							
2.	Alaska	20-3319575						
	(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)						
4	August 20, 2005	Perpetual						
•••	(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")						
6.		10 - 00 TA						
υ.	(Date first transacted business in Flori	da, if prior to registration.)						
	(300 000.000 000.000 000.000 000.000	o determine penalty liability)	רו					
7.	76 Island Estates Parkway, Palm Coast, Florida 32137	<u> </u>	=					
			1 1					
	(Street Address of	Principal Office)						
	(Billett Hadrons of	)						
8.	If limited liability company is a manager-managed co	ompany, check here						
9.	The name and usual business addresses of the management	ging members or managers are as follows:						
	76 Island Estates Parkway, Palm Coast, Florida 32137	Member managed: Robert Gazzoli and Sheila Gazz	:Oli					
	Attached is an original certificate of existence, no more than 90 da		m					
	e jurisdiction under the law of which it is organized. (A photocopy Inslation of the certificate under oath of the translator must be submi							
uı	instation of the extineate tirally odulor the translation fillist be submi	nuer.)						
1	. Nature of business or purposes to be conducted or	promoted in Florida: Management services.						
	• •							
	Signature of a memory or an auti	horized representative of a member.						
	(In accordance with section 608.408(3), F.S.	S., the execution of this document constitutes						
	an affirmation under the penalties of perjui	ry that the facts stated herein are true.)						
	Robert J. Gazzoli							

Typed or printed name of signee

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

	1.	The nam	e of the	Limited	Liability	y Compan	y is:
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CDC	Management.	- 1	10
SNO	manauemen.	. L	.LU

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

Robert J. Gazzoli			SEC! TALL	060	
	(Name)		AHAS:	EC II	FIL
76 Island Estates Parkway Florida Street Address (P.O. Box NOT ACCEPTABLE)			SEE, FI	P	ΕD
Palm Coast	FL 3	32137	ORIDA	2: 02	
	City/State/Z	ip			

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 608, Florida Statutes.

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

# State of Alaska Department of Commerce, Community, and Economic Development

# CERTIFICATE OF GOOD STANDING

THE UNDERSIGNED, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, and custodian of corporation records for said state, hereby certifies that

#### SRG MANAGEMENT, LLC

on the 15th day of August, 2005 filed in this office its Articles of Organization for a Limited Liability Company organized under the laws of this state.

I FURTHER CERTIFY that said Limited Liability Company is in good standing, having fully complied with all the requirements of this office.

No information is available in this office on the financial condition, business activity or practices of this corporation.



IN TESTIMONY WHEREOF, I execute this certificate and affix the Great Seal of the State of Alaska on the 6th day of December, 2006.

Julian once

William C. Noll Commissioner

Certification Number: 161237-1

Verify this certificate online at https://myalaska.state.ak.us/business/soskb/verify.asp