

P23000001581

Florida Division of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (954) 617-6391

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000003
Phone : (954) 208-0845
Fax Number : (614) 273-3996

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

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
SG V2 HOLDINGS CO.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

ARTICLES OF INCORPORATION**OF****SG V2 HOLDINGS CO.****A FLORIDA CORPORATION**

The undersigned, a natural person (the "*Sole Incorporator*"), for the purpose of organizing a corporation to conduct the business and promote the purposes hereinafter stated, under the provisions and subject to the requirements of the laws of the State of Florida hereby certifies that:

I.

The name of this corporation is SG V2 Holdings Co. (the "*Corporation*").

II.

The principal place of business and mailing address of the Corporation is 12505 Safe Harbour Dr., Cortez, FL 34215.

III.

The purpose of the Corporation is to engage in any lawful act or activity for which a corporation may be organized under Florida Business Corporation Act.

IV.

The number of shares of stock that the Corporation is authorized to issue is 100.

V.

The name and address of the initial Director and the initial President of the Corporation is Melissa K. Barber, 12505 Safe Harbour Dr., Cortez, FL 34215.

VI.

The name and address of the initial Registered Agent is Melissa K. Barber, 12505 Safe Harbour Dr., Cortez, FL 34215.

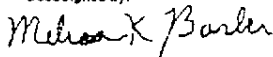
VII.

The name and the mailing address of the Sole Incorporator is as follows:

Wright Lewis
8300 Boone Blvd.
Suite 550
Vienna, VA 22812.

DocuSign Envelope ID: FC9DA693-6239-4E7A-8486-A2315F705817

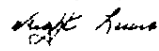
Having been named as registered agent to accept service of process for the above stated Corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

DocuSigned by:

330E5B0AF203-8C...
MELISSA K. BARBER
Registered Agent

1/6/2023

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

DocuSigned by:

C32AF6181C1C10...
WRIGHT LEWIS
Incorporator

1/6/2023

Date