

L050000 51945

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

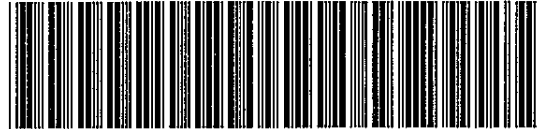
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05 MAY 19 PM 12:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SGI LAND COMPANY 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:

JUDY MILLER  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

PO Box 6885  
(Address)

SAN RAFAEL, CA 94903  
(City/State and Zip Code)

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05 MAY 19 PM 12:00  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

For further information concerning this matter, please call:

JUDY MILLER at ( 415 ) 446-7350  
(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)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

SGI LAND COMPANY 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:

454 LAS GALLINAS AVE #171  
SAN RAFAEL, CA 94903

PO BOX 6885  
SAN RAFAEL, CA 94903


**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

JUDITH MILLER  
Name  
1401 MAGNOLIA AVENUE  
Florida street address (P.O. Box **NOT** acceptable)  
INDIALANTIC FL 32903  
City, State, and Zip

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05 MAY 19 PM 12:00  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

*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, F.S..*

  
Registered Agent's Signature

(CONTINUED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

JUDY MILLER

PO Box 6885

SAN RAFAEL, CA 94903

MGRM

NANCY MILLER

1444 LA CHONA CT

ATLANTA, GEORGIA 30329

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05 MAY 19 PM 12:00

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(Use attachment if necessary)

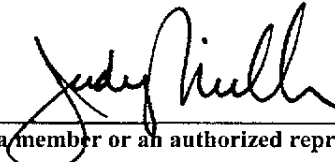
\*

**REQUESTED EFFECTIVE FORMATION DATE MAY 21, 2005.**

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Thank you!



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**JUDY MILLER**

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)