Filing Fee: \$150.00



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Division of Business Services 148 W. River Street Providence, Rhode Island 02904-2615

LIMITED LIABILITY COMPANY

APPLICATION FOR REGISTRATION

Pursuant to the provisions of Section 7-16-49 of the General Laws of Rhode Island, 1956, as amended, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the state of Rhode Island, and for that purpose submits the following statement:

1.	The name of the limited liability company is:				
	SG-2 LLC				
	This company has been duly organized in its state of formatio	n as a low-profit limited liabilit	ly company. (Check b	oox if applicable)	
2.	The name, if different, under which it proposes to register and transact business in Rhode Island is:				
3.	The limited liability company is organized under the laws of ILLINOIS				
4.	. The date of its organization is 4/5/2001				
5.	. The period of duration of the limited liability company is (if perpetual, so state) PERPETUAL				
6.	The address of the limited liability company's resident agent in Rhode Island is:				
	222 Jefferson Boulevard, Suite 200	Warwick	, RI	02888	
	(Street Address, <u>not</u> P.O. Box)	(City/Town	1)	(Zlp Code)	
	and the name of the resident agent at such address is	Corporation Service Cor (N	mpany Name of Agent)		
7.	The secretary of state is appointed the agent of the foreign ilmited liability company for service of process if at an time there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.				
8.	The address of any office required to be maintained limited liability company is organized is:	in the state or other ju		the laws of which the . 27 pm	
				-2015	
g	The mailing address for the limited liability company is:		MAY 28	2013	
	200 N POINT CENTER E, STE 600, ALPHARETTA GA 30022	8	y 249°	156	
				VW	

Form No. 450 Revised: 07/12

10.	Management of the Limited Liability Company (check one only):				
A.	The limited liability company is to be No. 11 – DO <u>NOT</u> LIST ANY NAME	managed by its members. (If you have checked this box, go to item S IN SECTION B.)			
	<u>or</u>				
В.	B. The limited liability company is to be managed very by one (1) or more managers. (If the limited liability company has managers at the time of the filing of these Articles of Organization, state the name and address of each manager.)				
<u>Manager</u>		<u>Address</u>			
JO	OHN BARDIS	200 N POINT CENTER E, STE 600 ALPHARETTA GA 30022			
R.A	ND BALLARD	200 N POINT CENTER E, STE 600 ALPHARETTA GA 30022			
ອເ	athorized officer of the jurisdiction under	rtificate of good standing duly authenticated by the secretary of state or other er which the foreign limited liability company was organized. Is to become effective, if later than the date of filing, is:			
	(not prior to, nor more than	30 days after, the filing of this Application for Registration)			
		Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.			
Date: _	MAY 22, 2015	SG-2 LLC Print Exact Name of Limited Liability Company Making Application			
		By Signature of Authorized Person			

File Number

0053858-2



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

SG-2, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON APRIL 05, 2001, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS AS DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

SECRETARY OF STATE



Authentication #: 1514601760

Authenticate at: http://www.cyberdriveillinois.com

In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 26TH

day of

MAY

A.D.

2015

sse White

SECRETARY OF STATE

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

Nellie M. Gorbea
Secretary of State

Tullin U. Horler

