

L12000103 962

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

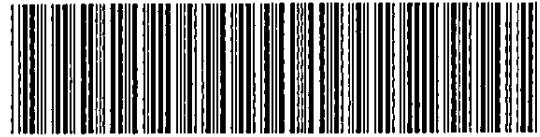
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700238286617

08/10/12--01024--007 \*\*160.00

Effective Date 8-10-12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2012 AUG 10 AM 9:12

FILED

J. SAULSBERRY  
EXAMINER

AUG 13 2012

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: SC2G, 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:

**Norman B. Krone, Attorney at Law**

Name of Person

**Norman B. Krone, Esq.**

Firm/Company

**2901 Rigsby Lane**

Address

**Safety Harbor, Florida 33695**

City/State and Zip Code

**nbkrone@kronelawfirm.com and lasoffsean@gmail.com**

E-mail address: (to be used for future annual report notification)

2012 AUG 10 AM 9:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

**Norman B. Krone, Attorney at Law**

Name of Person

at ( 727 ) 580-3915

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)

**Mailing Address**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**SC2G, LLC**

(Must end with the words "Limited Liability Company, "L.L.C.," or "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:**

7000 SW 80th Street  
Unit #103  
Miami, Florida 33143

7000 SW 80th Street Unit #103  
Unit #103  
Miami, Florida 33143

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

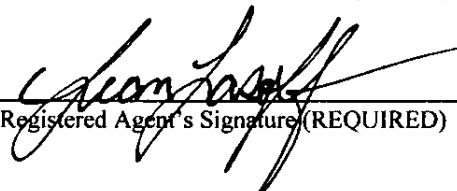
Sean Lasoff  
Name

7000 SW 80th Street Unit #103  
Florida street address (P.O. Box **NOT** acceptable)

Miami FL 33143  
City, State, and Zip

2012 AUG 10 AM 9:12  
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 (REQUIRED)

(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

Sean Lasoff

7000 SW 80th Street Unit #103

Miami, Florida 33143

MGRM

Steven Lasoff

217 Wyckoff Road

Eatontown, New Jersey 07724

MGRM

Charles Sacks

225 Nickolas Lane

Aspen, Colorado 81611

MGRM

Corey Lasoff

10568 Flatlands 3rd Street

Brooklyn, New York 11236

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

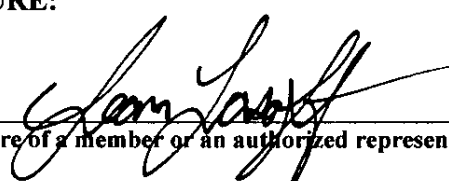
2012 AUG 10 AM 9:12

FILED

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: August 10, 2012 (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**



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. I am aware that any 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.)

**Sean Lasoff**

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)