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S. HAWKES
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EXAMINER

GASSMAN, BATES & ASSOCIATES, P.A. ATTORNEYS AT LAW

ALAN S. GASSMAN*+ LONDON L. BATES **† KENNETH J. CROTTY ***

1245 COURT STREET

SUITE 102

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- * LL. M. IN TAXATION
- BOARD CERTIFIED LAWYER IN WILLS, TRUSTS AND ESTATES
- ** CERTIFIED PUBLIC ACCOUNTANT
- *** LL. M. IN ESTATE PLANNING
- † CERTIFIED CIRCUIT COURT MEDIATOR

November 20, 2009 VIA UPS

FL Department of State Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Dear Sir/Madam:

Enclosed for filing please find a Certificate of Limited Partnership for SCF INVESTMENTS, L.L.L.P.

Also enclosed please find a check made payable to the Department of State in the amount of \$1000.00 for filing fees.

Please return the filed document to our office in the enclosed self-addressed, stamped envelope.

Please contact me or Julie Speakman of my office if you have any questions on the attached.

Best regards,

Tina J. Arvin

Paralegal for Alan S. Gassman

:tja

Enclosures

SASE

cc: Steven C. Fiterman (w/ encl.)

Bill Horn, CPA (w/ encl.)

FL Dept. of State November 20, 2009 Page 2

TREASURY DEPARTMENT NOTICE: TO THE EXTENT THAT THIS MESSAGE OR ANY ATTACHMENT CONCERNS TAX MATTERS, IT IS NOT INTENDED TO BE USED AND CANNOT BE USED BY A TAXPAYER FOR THE PURPOSE OF AVOIDING PENALTIES THAT MAY BE IMPOSED BY LAW.

CERTIFICATE OF LIMITED PARTNERSHIP FOR FLORIDA LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

	FOR FLORIDA LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP	0911012
I	SCF INVESTMENTS, L.L.L.P.	
Acceptable Limi	dimited Partnership or Limited Liability Limited Partnership, which must include suffix) ited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. ited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P.	TOMON STATE
2	6967 Verde Way	
	(Street address of initial designated office)	
	Naples, Florida 34108	
3.	ALAN S. GASSMAN, ESQUIRE	

5. 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Name of Registered Agent for Service of Process)

1245 Court Street, Suite 102 (Florida street address for Registered Agent) Clearwater, Florida 33756

Signature of Registered Agent

6967 Verde Way (Mailing address of initial designated office)

Naples, Florida 34108

7. If limited partnership elects to be a limited liability limited partnership, check box 🗸

8. Name and business address of each gene Name:	eral partner: Business Address:	
STEVEN C. FITERMAN,	6967 Verde Way	
Co-Tenant by the Entireties	Naples, Florida 34108	
SUSAN L. FITERMAN,	6967 Verde Way	0
Co-Tenant by the Entireties	Naples, Florida 34108	9 NOV 2
		PART OF STATES
9. Effective date, if other than the date of filing:	than 90 days after the date the document is	
filed by the Florida Department of State.) Signed this 20th day of	November , 2009 .	
Signature of each general partner: Alan S. Gassman, as Authorized Representative for Steven C. Fiterman, Co-Tenant by the Entireties, as General Partner	Representative for Susan L. Fiterman, Co-Tenant by the	
Filing Fees: \$1,000 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75		