

L000000/2931

SCOASTL LLC  
840 Maple Street  
New Smyrna Beach, Florida 32169  
Phone 904-235-3040  
Fax: 905-427-7638

October 16, 2000

Registration Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

Re: Filing LLC Articles of Organization.

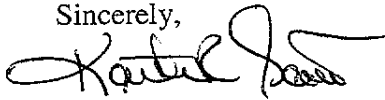
To Registration Section:

Enclosed please find the following to complete filing for a new LLC:

1. Two copies of "ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY".
2. A check for \$125.00 to cover the filing fee for the Articles of Organization and \$25.00 to name a Registered Agent.

Thank you for your attention to this matter.

Sincerely,



Kathi R. Scott

Enclosures (2)

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-10/19/00--01098--008  
\*\*\*125.00 \*\*\*125.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I .Name:

The name of the Limited Liability Company is:  
SCOASTL LLC

## ARTICLE II- Address:

The mailing address and street address of the principal office of the Limited Liability Company is:  
SCOASTL LLC  
840 Maple Street  
New Smyrna Beach, Florida 32169

## ARTICLE III .Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:  
Kathi R. Scott  
840 Maple Street  
New Smyrna Beach, Florida 32169

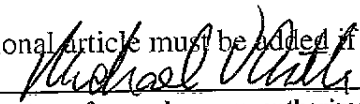
*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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

## Article IV .Management (Check box if applicable.)

- The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager .managed company.

(An additional article must be added if an effective date is requested)

  
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.)

Typed or printed name of signee  
FILING FEES:

\$100.00 Filing Fee for Articles of Incorporation  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (OPTIONAL)  
\$ 5.00 Certificate of Status (OPTIONAL)

FILED  
OCT 19 PM 5:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA