THE SCEIBE 7864 Cumminers Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Certified Copy Pick up time Walk in Photocopy Mail out ☐ Will wait Certificate of S **AMENDMENTS NEW FILINGS** Amendment Profit Resignation of R.A., Officer/Director Not for Profit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger Other REGISTRATION/QUALIFICATION **OTHER FILINGS** Annual Report Limited Partnership ☐ Fictitious Name Reinstatement Trademark Other **Examiner's Initials**

CR2E031(7/97)



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

July 31, 2001

THE SCRIBE 7864 CUMMINGS LANE BOCA RATON, FL 33433

SUBJECT: THE SCRIBE, L.L.C. Ref. Number: W01000017644

We have received your document for THE SCRIBE, L.L.C. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must complete the application.,

The document must contain both the street address of the principal office and the mailing address of the entity.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Michelle Hodges Document Specialist

Letter Number: 401A00044272

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: THE SCRIBE, L.L.C. | |
|--|--|
| ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Co. 7864 COMMINGS LANE, BOCA RATON, FL 33433 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature | |
| The name and the Florida street address of the registered agent are: PROSPER ABITBOL Name 7864 CUMMINGS LANE | - |
| Florida street address (P.O. Box NOT acceptable) BOCA RATON, FL. 33433 City, State, and Zip | |
| Having been named as registered agent and to accept service of process for the above stalliability company at the place designated in this certificate, I hereby accept the appointment registered agent and agree to act in this capacity. I further agree to comply with the provisitatutes relating to the proper and complete performance of my duties, and I am familiar accept the obligations of my position as registered agent as provided for in Chapter 608, **Registered Agent's Signature** Article IV - Management (Check box if applicable.) The Limited Liability Company is to be managed by one manager or more managed therefore, a manager - managed company. | ent as visions of all with and F.S. |
| (An additional article must be added if an effective date is requested) X Signature of a member or an appliprized 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.) | TALLAIIA |
| PROSPER ABITBOL Typed or printed name of signee Filing Fees: | FILED 16 AMIO: I ARRY OF STA ASSEE, FLOT |
| \$100.00 Filing Fee for Articles of Organization \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional) | 41 ATE |