

# L03000002569

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Fax Number : (850)205-0383

From: GAIL ANDRE' (VT)  
Account Name : LOWNDES, DROSDICK, DOSTER, KANTOR & REED, P.A.  
Account Number : 072720000036  
Phone : (407)843-4600  
Fax Number : (407)843-4444

PLEASE ARRANGE FILING OF THE ARTICLES OF ORGANIZATION WITH AN EFFECTIVE DATE OF TODAY, JANUARY 22, 2003, AND RETURN TO ME A CERTIFICATION AS SOON AS POSSIBLE. THANK YOU FOR YOUR ASSISTANCE IN THIS MATTER. GAIL ANDRE'

## LIMITED LIABILITY COMPANY

SCMR #1, LLC

Certificate of Status	0
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ARTICLES OF ORGANIZATION  
OF  
SCMR #1, LLC

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ARTICLE I - NAME

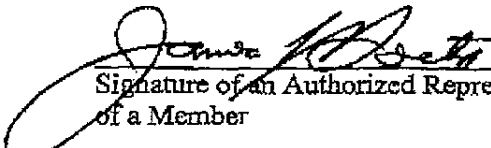
The name of this limited liability company is SCMR #1, LLC (the "Company").

ARTICLE II - PRINCIPAL OFFICE

The mailing address and the street address of the principal office of the Company is 595 Round Rock West Drive, Suite 701, Round Rock, Texas 78681.

ARTICLE III - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the Company is 215 N. Eola Drive, Orlando, Florida 32801 and the name of the initial registered agent of the Company at that address is James J. Hctor.

  
\_\_\_\_\_  
Signature of an Authorized Representative  
of a Member  
  
James J. Hctor  
\_\_\_\_\_  
Typed or Printed Name of Signer

ACCEPTANCE OF REGISTERED AGENT

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated above, the undersigned hereby accepts the appointment as registered agent and agrees to act in such capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of his duties, and represents that he is familiar with, and accepts the obligations of, his position as registered agent as provided for in Chapter 608, Florida Statutes.

  
\_\_\_\_\_  
James J. Hctor