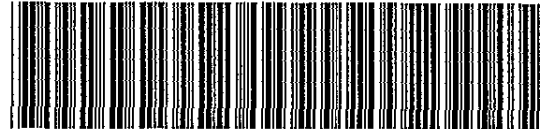


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STAT.
TALLAHASSEE, FLORIDA



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(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

Scott Maurer Memorial Foundation

85 S.E. 4th Avenue, Suite 116

Delray Beach, FL 33483

Phone: 561.330.6999

Fax: 561.330.8006

FILED

JAN 29 11:22

Scott Maurer Memorial Foundation

TALLAHASSEE, FLORIDA


January 27, 2003

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

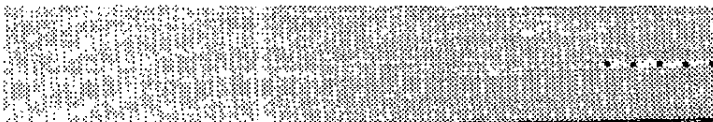
Dear Sir or Madam:

Enclosed herewith are the Required Articles of Organization for a Florida limited liability corporation. A check in the amount of \$160 is also enclosed for the Filing Fee (\$100), the Designation of the Registered Agent (\$25), an optional Certified Copy (\$30), and an optional Certificate of Status (\$5). You may reach me at the above address and/or phone number.

Sincerely,



Julie A. Gregerson
Managing Member



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - Name:

The name of the Limited Liability Company is:
Scott Maurer Memorial Foundation LC

ADJUTANT CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:
85 S.E. 4th Avenue, Suite 106
Delray Beach, Florida 33483

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

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

Donald S. Uderitz

Name

85 S.E. 4th Avenue, Suite 106

Florida street address (P.O. Box **NOT** acceptable)

Delray Beach,

FL 33483

City, State, and Zip

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

(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.)

Julie A. Gregerson

Typed or printed name of signee

Filing Fees:

- \$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)