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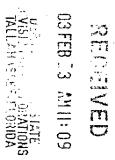
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PICK-UP WAIT MAIL
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:

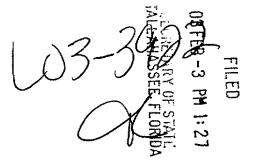
Office Use Only



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#### CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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Walk-In	Will Pick Up			Courier		

## OBJI.

#### ARTICLES OF ORGANIZATION OF SMF OF INDIAN RIVER COUNTY, LLC

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

#### ARTICLE I --- Name:

The name of the Limited Liability Company is: SMF OF INDIAN RIVER COUNTY, LLC

#### ARTICLE II — Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 1501 SE DECKER AVENUE, STUART, FLORIDA 34994.

#### **ARTICLE III** — **Duration**:

The period of duration for the Limited Liability Company shall be: PERPETUAL.

#### ARTICLE IV — Management:

The Limited Liability Company is to be managed by the members and the names and addresses of the managing members are:

MICHAEL J. MATAKAETIS 1501 SE DECKER AVENUE STUART, FLORIDA 34994.

#### ARTICLE V - Admission of Additional Members:

New members shall only be admitted upon the unanimous written consent of then existing members.

#### ARTICLE VI — Members' Rights to Continue Business

The remaining members of the limited liability company may continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company upon unanimous written consent of the remaining members executed within ninety (90) days of the occurrence of such event.

IN WITNESS WHEREOF, I have signed these Articles of Organization on behalf of all of themembers, and acknowledged them to be our act this \_\_\_\_\_ day of January, 2003.

MICHAEL J. MATAKAETIS

### STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT FOR SMF OF INDIAN RIVER COUNTY, LLC

I hereby accept the designation as registered agent to accept service of process for the above stated limited liability company at the place designated in this statement. 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 under Chapter 608, Florida Statutes.

MICHAEL J. MATAKAETIS 1501 SE DECKER AVENUE STUART, FLORIDA 34994

Dated:

MICHAEL J. MATAKAETIS

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