

L03000039598

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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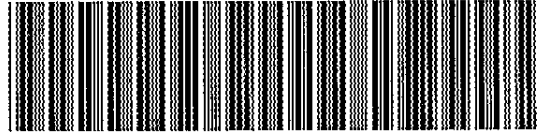
(Business Entity Name)

(Document Number)

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**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SCMYDAGS

(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SEAN T. SEDITA

(Name of Person)

N/A

(Firm/Company)

941 PELICAN BAY DRIVE

(Address)

DAYTONA BEACH, FLORIDA 32119

(City/State and Zip Code)

W03-28199

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For further information concerning this matter, please call:

SEAN T. SEDITA

(Name of Person)

at ( 386 ) 383-6376

(Area Code & Daytime Telephone Number)

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

October 1, 2003

SEAN T. SEDITA  
941 PELICAN BAY DRIVE  
DAYTONA BEACH, FL 32119

SUBJECT: SCMYDAGS, LLC  
Ref. Number: W03000028199

We have received your document for SCMYDAGS, LLC, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$125.00.

We are returning the uniform business report form you submitted because your first report is not due until the calendar year following your initial filing. We have forwarded the Fictitious Name form you sent to the Fictitious Name filing section.

Please return 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) 245-6958.

Lee Rivers  
Document Specialist

Letter Number: 403A00054010

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

SCMYDAGS, LLC

### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

#### Principal Office Address:

941 PELICAN BAY DRIVE  
DAYTONA BEACH, FLORIDA 32119

#### Mailing Address:

941 PELICAN BAY DRIVE  
DAYTONA BEACH, FLORIDA 32119

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

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

Patricia Sedita  
Name

941 PELICAN BAY DRIVE

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

DAYTONA BEACH FL 32119

City, State, and Zip

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*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..*

Patricia Sedita  
Registered Agent's Signature

(CONTINUED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

DEREK L. ANDERSON

1939 VERNON PLACE

DAYTONA BEACH, FL 32119

MGRM

CHRIS A. GRAINGER

2 RUDY LANE

PORT ORANGE, FL 32127

MGRM

GLENN J. SEDITA

10-30-80

592.472462

941 PELICAN BAY DRIVE

DAYTONA BEACH, FL 32119

MGRM

SEAN T. SEDITA

941 PELICAN BAY DRIVE

DAYTONA BEACH, FL 32119

MGRM

CHRISTOPHER L. YETTER

591 60 692

480 REED CANAL ROAD

SOUTH DAYTONA, FL 32119

**NOTE:** An additional article must be added if an effective date is requested.

**REQUIRED SIGNATURE:**



**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.)

SEAN T. SEDITA

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)

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