

L03000039704

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

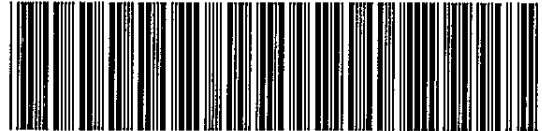
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DIVISION OF CORPORATION

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TALLAHASSEE, FLORIDA

BK



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 282214 7399831

AUTHORIZATION :

*Patricia Pigato*

COST LIMIT : \$ 195.00

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03 OCT 16 PM 1:43  
TALLAHASSEE, FLORIDA

ORDER DATE : October 15, 2003

ORDER TIME : 10:11 AM

ORDER NO. : 282214-055

CUSTOMER NO: 7399831

CUSTOMER: Mr. Marc Paul  
Sci Estate Investments

Suite 300  
11620 Wilshire Boulevard  
Los Angeles, CA 90025

DOMESTIC FILING

NAME: SCI FOREST FUND, LLC

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX (2) CERTIFIED COPY

XX (2) CERTIFICATE OF GOOD STANDING

CONTACT PERSON: KIMBERLY MORET EXT. 1149

EXAMINER'S INITIALS: \_\_\_\_\_

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

SCI Forest Fund, LLC

### ARTICLE II - Address:

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

11620 Wilshire Boulevard, Suite 300, Los Angeles, California 90025

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

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

Corporation Service Company

Name

1201 Hays Street

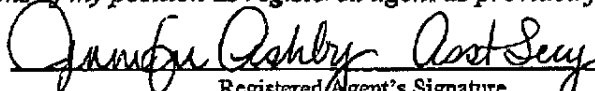
Florida street address (P.O. Box NOT acceptable)

Tallahassee

FL 32301

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.)

Lara D. Coleman, Authorized Person

Typed or printed name of signer

#### 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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