L04000014877

Kaven R. Scott (Reguestor's Name)					
(Requestor's Name)					
1366 Highland Dr.					
(Address)					
(Address)					
Tallahassee, FL32317					
(City/State/Zip/Phone #) 850 - 65					
PICK-UP WAIT MAIL					
(Caren Scott Enterprise, LLC (Business Entity Name)					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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OF FEB 25 AN ION PEEB 25 AM IO: 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
Karen Scott Ente	prise, LLC
ARTICLE II - Address: The mailing address and street address of the princ	
Principal Office Address:	Mailing Address:
1366 Highland Dr.	·
1366 Highland Dr. Tavlahassee, FL 32317	SAME
ARTICLE III - Registered Agent, Registered Of The name and the Florida street address of the region	istered agent are:
Karen R. Sca	ASS 25
1366 Highlan Florida street address (P.O. B	d Dv. Est Ell
Florida street address (P.O. B	Sox NOT acceptable) EE + STATE ORDER ORDE
Tallahasse,	FLORIDA 323/7
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, Florida Statutes..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Managi The name and address of each Manager			
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:		
MGRM	Karen R. Scott 1366 Highland Dr. Tallahassee, Fl 32317		7 7 2
-			i e e e e e e e e e e e e e e e e e e e
		SECRETALL TALLAHASSE	1
(Use attachment if necessary)			
NOTE: An additional article must be	added if an effective date is reque	sted.	
REQUIRED SIGNATURE:			
VScott			
-	ithorized representative of a member.		
of this document constitutes an a that the facts stated herein are tru			
Karenes	COH nted name of signee		 .
Typed or pri	nted 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)