

L04000021920

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

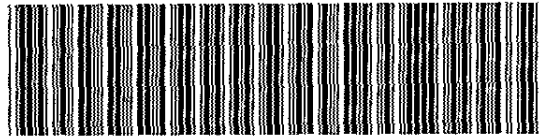
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATION

A handwritten signature in black ink, appearing to be 'MSE' or similar, written in a cursive style.



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 515107 3487A

AUTHORIZATION : *Patricia Pignato*

COST LIMIT : \$ 155.00

ORDER DATE : March 23, 2004

ORDER TIME : 9:29 AM

ORDER NO. : 515107-005

CUSTOMER NO: 3487A

CUSTOMER: Ms. Bonnie R. Quigley
Icard Merrill Cullis Timm
Furen & Ginsburg, Pa
Suite 600
2033 Main Street
Sarasota, FL 34237

DOMESTIC FILING

NAME: SCG-LOTS, LLC

EFFECTIVE DATE:

- ARTICLES OF INCORPORATION
- CERTIFICATE OF LIMITED PARTNERSHIP
- ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - EXT. 2935

EXAMINER'S INITIALS: _____

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

SCG-LOTS, LLC

ARTICLE II - Address:

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

Principal Office Address:

P.O. BOX 787

O'FALLON, ILLINOIS 62269

Mailing Address:

P.O. BOX 787

O'FALLON, ILLINOIS 62269

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

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

RICHARD S. WEBB, IV

Name

2033 MAIN STREET, SUITE 600

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

SARASOTA FLORIDA 34237

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

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

| <u>Title:</u> | <u>Name and Address:</u> |
|--------------------------|---------------------------------|
| "MGR" = Manager | |
| "MORM" = Managing Member | |
| <u>MGR</u> | <u>ROBERT G. WOLFE</u> |
| | <u>P.O. BOX 787</u> |
| | <u>O'FALLON, ILLINOIS 62268</u> |
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(Use attachment if necessary)

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 605.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalty of perjury that the facts stated herein are true.)

ROBERT G WOLFE
Typical 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)