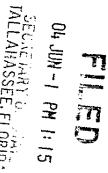
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(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone #	#)
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	usiness Entity Name	a)
(Do	ocument Number)	
Certified Copies	Certificates o	of Status
Special Instructions to	Filing Officer.	
		6/3/2
	Office Use Only	



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May 14, 2004

Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, Fl 32399 (850) 245-6051

Re: SCAC Investments, LLC.

Dear Sir or Madam:

Enclosed for filing please find the Transmittal Information Form and the original and one copy of the Articles of Organization for SCAC Investments, LLC. I am also enclosing our check in the amount of \$155.00 to cover the cost of filing, designation of registered agent and one certified copy.

Please mail the filed documents to.

Sue Cortese SCAC Investments, LLC 7810 Long Cove Way Port St. Lucie, FL 34986-3001 Ph. 772,594,5430

Elaine Bailey

Feel free to contact me with any questions or concerns you may have at 651.632.5223.

Sincerely,

Click Industries, Ltd.

Administrator

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SECRE ARY DESCRIB

Phone: (651) 632-5223 Fax: (651) 645-0213

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
Division of Corporations	
SUBJECT: SCAC INVESTMENTS, LLC	
(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:	
Sue Cortese	
(Name of Person)	
SCAC INVESTMENTS, LLC	
(Firm/Company)	
7810 Long Cove Way	
(Address)	
Port St. Lucie, FL 34986-3001	
(City/State and Zip Code)	}
For further information concerning this matter, please call:	=
Elaine Bailey at (651) 632-5223	777
(Name of Person) (Area Code & Daytime Telephone Number)	O

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE II - A The mailing addr		ne principal office of the Limited Liability Compar
Principal Office	Address:	Mailing Address:
7810 Long Cove Way		7810 Long Cove Way
Port St. Lucie, FL	34986-3001	Port St. Lucie, FL 34986-3001
	Registered Agent, Regist e Florida street address of	ered Office, & Registered Agent's Signature: the registered agent are:
	e Florida street address of	
	e Florida street address of	the registered agent are:
	Sue Cortese 7810 Long Cove Way	the registered agent are:
	Sue Cortese 7810 Long Cove Way	iame AF:
	Sue Cortese No. 7810 Long Cove Way Florida street address Port St. Lucie,	ame ACCRETABLE AND ACCEPTABLE) ACCRETABLE AND ACCEPTABLE AND ACC

Page 1 of 2 (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	Name and Address:		
"MGRM" = Managing Member			
WGKW - Wallaging Memoer	· · · · · · · · · · · · · · · · · · ·		
President	Sue Cortese -MGRM		
	7810 Long Cove Way	-	
	Port St. Lucie, FL 34986-3001		
Secretor.			
Secretary			
		-	
		-	
Treasurer			
		<u>.</u>	
Vice President	Ann Cusa-MGRM		
vice i resident	2446 SW Foxpoint Trail	• .	
	Palm City, FL 34990-5706	•	
(Use attachment if necessary)		-	-
			
	ASE ALE	0	
NOTE: An additional article must be	added if an effective date is requested. 🗲	<u>ل</u> با	
DECLUDED SIGNATURE.	HC.	S	1
REQUIRED SIGNATURE:	SS SS SS	1	CASSAGRADA CASSAGRADA
1 Kinga H.	(a tose Fig.	~o	j Deza
Signature of a member or an au	thorized representative of a member.	PH.	
(In accordance with section 608.4	108(3), Florida Statutes, the execution		O
of this document constitutes an af that the facts stated herein are tru	furnation under the penalties of perjury	9	
Sue Cortese	,		

\$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)

Typed or printed name of signee