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To: Division of Corporations : (850)205-0383 Fax Number From: Account Name : FORD, JETER & BOWLUS, P.A. Account Number : 075350000442 OLVISION OF CORPORATION : (904)268-7227 Fax Number : (904)262-3337 LIMITED LIABILITY COMPANY SCP, LLC Certificate of Status 0 Certified Copy 1 -01 2 Page Count Availability Estimated Charge \$155.00 Document

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ARTICLES OF ORGANIZATION OF SCP, LLC

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby makes, acknowledges, and files the following Articles of Organization.

ARTICLE 1 - NAME

The name of the limited liability company shall be SCP, LLC, ("company").

ARTICLE II - ADDRESS

The mailing address of the company is : c/o 11850 Sedgemoore Dr. N. Jacksonville, FL 32223,

The street address of the principal office of the company is: 11650 Sedgemoore Dr. N. Jacksonville, FL 32223.

ARTICLE III - REGISTERED AGENT, OFFICE AND AGENT'S SIGNATURE

The name and street address of the registered agent of the company in the state of Florida are Eliot J. Safer, 10110 San Jose Blvd. Jacksonville, FL 32257.

ARTICLE IV - MANAGEMENT

The company is to be managed by one or more managers and is, therefore, a manager-managed company.

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 obligations of my position as registered agent as provided for in Chapter 608, F.S.

Eliot J. Safer

IN WITNESS WHEREOF, the undersigned member or authorized representative has made and subscribed these articles of organization at Jacksonville, Duvai County, Florida, on June 3,2004.

Eliot J. Safer

(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.)

STATE OF FLORIDA COUNTY OF DUVAL

Sworn to and subscribed before me this June 3,2004 by Eliot J. Safer, who is ___personally known to me OR ___produced identification.

Notary Public - State of Florida

ROSEMARY M. CARRAWAY
Notory Public - State of Florido
MyCommission # 00296391
Sondecity National Notary Am.

This Instrument Prepared By: Eliot J. Safer, Attorney at Law Florida Bar No. 194511 Ford, Bowlus, Duss, Morgan, Kenney, Safer & Hampton, P.A. 10110 San Jose Blvd, Jacksonville, FL 32257 (904) 268-7227

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