# L04000044860

ÉRIK NIE	LSEN		
899/ TRIPLETT ROAD N. FT. MYERS, FL 33917			
N. FT. MYERS, FL 33517			
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(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	of Status	
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## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

June 4, 2004

ERIK NIELSEN 8991 TRIPLETT RD N FT MYERS, FL 33917

SUBJECT: SCAN MANAGEMENT GROUP LIMITED LIABILITY COMPANY

Ref. Number: W04000019715

We have received your document for SCAN MANAGEMENT GROUP LIMITED LIABILITY COMPANY and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application you returned is not the same application that was originally submitted. Please complete the enclosed page.

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6025.

Trevor Brumbley Document Specialist

Letter Number: 704A00038332



### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

May 21, 2004

ERIK NIELSEN 8991 TRIPLETT RD N FT MYERS, FL 33917

SUBJECT: SCAN MANAGEMENT GROUP LIMITED LIABILITY COMPANY

Ref. Number: W04000019715

We have received your document for SCAN MANAGEMENT GROUP LIMITED LIABILITY COMPANY and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6025.

Letter Number: 304A00035882

Trevor Brumbley Document Specialist

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
SCAN MANAG	EMENT GROUP 4.L.C.
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
8991 TRIPLETT ROAD	8991 TRIPLETT ROAD
N. Ft. MYERS, FL	N. Ft. MYERS, FL
33977	33917
ARTICLE III - Registered Agent, Registered The name and the Florida street address of the re  ERIK NIELS  Name  8991 TRIPLETT	egistered agent are:
Florida street address (P.O.	Box NOT acceptable)
N.Ft. MYERS.	FLORIDA 339/7

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..

City, State, and Zip

Registered Agent's Signature

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: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGR MGRM JACKSONVILLE FL 32244 (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 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.)

ERIK NIELSEN
Typed or printed 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)