

Feb 28 04 05:28a

hambra hutchinson

850-627-4316

p.1

Division of Corporations

Page 1 of 1

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : I20010000247
Phone : (877)527-3463
Fax Number : (305)675-2811

LIMITED LIABILITY COMPANY

SCOT FINANCIAL, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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p.2

08/30/2004 05:26

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PAGE 02

ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

SCOT FINANCIAL, LLC

ARTICLE II ADDRESS

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

19046 BRUCE B. DOWNS BLVD #133

TAMPA, FL 33647-2434

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

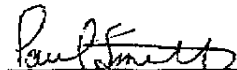
The name and the Florida street address of the registered agent are:

A1A REGISTERED AGENT INC.

92 SADBERRY RD.

QUINCY, FL 32351

Having been named as registered agent 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, F.S..

 Paul Smith V.P.
Registered Agent's

ARTICLE IV MEMBERS (optional)

MANAGING MEMBER:

SAM ZIERKE

19046 BRUCE B. DOWNS BLVD #133

TAMPA, FL 33647-2434

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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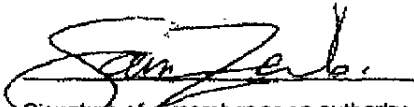
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p.3

PAGE 03

PAGE 2 SCOT FINANCIAL, LLC



Signature of a member or an authorized representative of a
(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.

SAM ZIERKE
Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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