

LOS0000003987

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

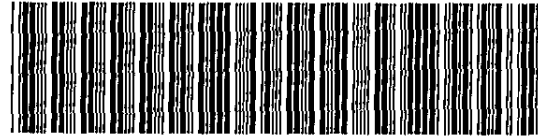
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000044390630

FILED
2005 JAN 13 AM 11:57
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS

RECEIVED
05 JAN 13 AM 11:03
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS

J. BRYAN JAN 13 2005



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 141428 4305738

AUTHORIZATION : *Patricia Pigatto*

COST LIMIT : \$ 160.00

ORDER DATE : January 12, 2005

ORDER TIME : 8:45 AM

ORDER NO. : 141428-005

CUSTOMER NO: 4305738

CUSTOMER: Ms. Becky Heath
Hirschler Fleischer

P. O. Box 500

Richmond, VA 23218-0500

FILED
2005 JAN 13 AM 11:51
CORPORATION
ALLAHASSEE, FLORIDA

DOMESTIC FILING

NAME: SCI FUND POLOS SOUTH, LLC

EFFECTIVE DATE:

 ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
XX 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:

SCI FUND POLOS SOUTH, LLC**ARTICLE II - Address:**

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

Principal Office Address:11620 WILSHIRE BOULEVARDSUITE 300LOS ANGELES, CA 90025**Mailing Address:**11620 WILSHIRE BOULEVARDSUITE 300LOS ANGELES, CA 90025**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Corporation Service Company

Name

1201 Hays StreetFlorida street address (P.O. Box **NOT** acceptable)TallahasseeFLORIDA 32301

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..

Corporation Service Company

By: _____

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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

SCI FUND MANAGER, INC.

11620 WILSHIRE BOULEVARD, STE. 300

LOS ANGELES, CA 90025

(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.)

SCI FUND MANAGER, INC. MANAGER

BY: MARC J. PAUL, PRESIDENT

Typed 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)

FILED
2005 JAN 13 AM 11:57
TALLAHASSEE, FLORIDA