

L050000 55150

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

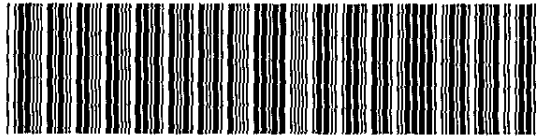
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

*BSK*

Office Use Only



400055503774

FILED  
05 JUN -3 AM 7: 05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
05 JUN -3 PM 4: 25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
05 JUN -3 AM 7: 17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA FILING & SEARCH SERVICES, INC.**  
**P.O. BOX 10662 TALLAHASSEE, FL 32302**  
**1333 NORTH DUVAL STREET, TALLAHASSEE, FL 32303**  
**PHONE: (800) 435-9371 FAX: (866) 860-8395**

**FILED**  
05 JUN -3 AM 7:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DATE: 6-03-05

NAME: SCG MANATEE SPRINGS, LLC

TYPE OF FILING: ARTICLES

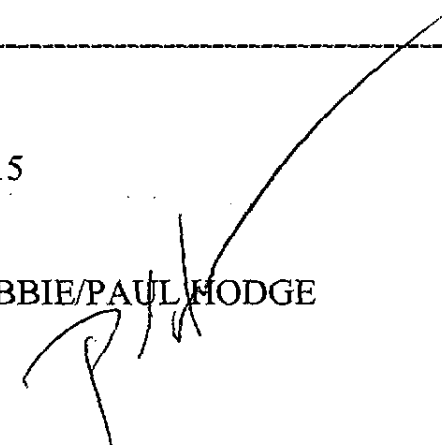
COST: -

**FILED**  
05 JUN -3 AM 7:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RETURN: CERTIFIED COPY

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**FILED**  
05 JUN -3 AM 7:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

SCG Manatee Springs, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

1123 Marbella Plaza Drive

Tampa, Florida 33619

**Mailing Address:**

1123 Marbella Plaza Drive

Tampa, Florida 33619

**FILED**  
05 JUN -3 AM 7:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

NRAI Services, Inc.

Name

2731 Executive Park Drive, Suite 4

Florida street address (P.O. Box NOT acceptable)

Weston

FLORIDA 33331

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..*

NRAI Services, Inc.

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

David R. Vaughan

1123 Marbella Plaza Drive

Tampa, Florida 33619

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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.)

By: Alexander T. McClain

\_\_\_\_\_  
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)