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TRANSMITTAL LETTER

		TO: Registration Section Division of Corporations
	d Liability Company)	SUBJECT: ScoCor, LLC (Name of Limite
	ubmitted for filing.	The enclosed Articles of Organization and fee(s) are s
	r to the following:	Please return all correspondence concerning this matter
		Jeffrev C Biddle
	Name of Person)	
		ScoCor, LLC
5-35467	W05-	3755 Fallscrest Circle
•	(Address)	
		Clermont, Fl 34711
•	State and Zip Code)	(City
	call:	For further information concerning this matter, please
FACE 05	at (352) 243-4917	Jeffrey C Biddle
7	(Area Code & Daytime Telephone Number	(Name of Person)
-9		Enclosed is a check for the following amount:
cate of Status &	(additional copy is enclosed) Certified Co	Ø \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status
5:	MAILING ADDRESS:	STREET ADDRESS:
ns		
	P.O. Box 6327	409 E. Gaines Street
Number) AHAS SEE in Section AHAS SECTION AHAS SEE in Section AHAS SECTION AHAS SECTION AHAS SECTION AHAS SECTION AHAS SECTION	Firm/Company) (Address) State and Zip Code) call: at (352 243-4917 (Area Code & Daytime Telephone Number) Certified Copy (additional copy is enclosed) MAILING ADDRESS: Registration Section Division of Corporations	Please return all correspondence concerning this matter. Jeffrey C Biddle ScoCor, LLC Clermont, Fl 34711 (City For further information concerning this matter, please Jeffrey C Biddle (Name of Person) Enclosed is a check for the following amount: Street Address: Registration Section Division of Corporations



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

July 26, 2005

JEFFREY C. BIDDLE SCOCOR, LLC 3755 FALLSCREST CIRCLE CLERMONT, FL 34711

SUBJECT: SCOCOR, LLC Ref. Number: W05000035467

We have received your document for SCOCOR, LLC, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$125.00.

Please return 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) 245-6958.

Letter Number: 605A00048662

Lee Rivers Document Specialist

05 AUG -9 PM 4: 02
SECRE IGEN OF STATE
TALLAHÄSSEE, FLORID

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
ScoCor, LLC		
ARTICLE II - Address: The mailing address and street address of the	he principal office of the Limited Liability Com	pany is:
Principal Office Address:	Mailing Address:	
3755 Fallscrest Circle	3755 Fallscrest Circle	
Clermont, Florida 34711	Clermont, Florida	
The name and the Florida street address of Jeffrey C Biddle N 3755 Fallscrest Circle Florida street Clermont, Florida 34711 City, Se	Name Pet address (P.O. Box NOT acceptable) FL State, and Zip	05 AUG -9 PH 4: 02
liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and comple accept the obligations of my position as	nd to accept service of process for the above stated in this certificate, I hereby accept the appointment pacity. I further agree to comply with the provision performance of my duties, and I am familiar we registered agent as provided for in Chapter 608, gent's Signature	ent as ons of all vith and

(CONTINUED)

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	Jeffrey C Biddle
WOIX	3755 Fallscrest Circle
	Ciermont, Florida 34711
MGRM	Michael S. Biddle
	4974 Lyle Road
	Columbus, Ohio 43229
(Use attachment if necessary) NOTE: An additional article mu	st be added if an effective date is requested.
REQUIRED SIGNATURE:	
- 000	Billion ber or an authorized representative of a member.
(In accordance with of this document conthat the facts state	section 608.408(3), Florida Statutes, the execution astitutes an affirmation under the penalties of perjury d herein are true.)
Jeffrey C Biddle	TALE 05
	Typed or printed name of signee
Filing Fees:	
\$125.00 Filing Fee for Articles of Or of Registered Agent \$ 30.00 Certified Copy (Optional)	ganization and Designation
\$ 5.00 Certificate of Status (Option	18l) 콘스