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SECRETARY OF STATE DIVISION OF CORPORATION

COVER LETTER

TO: Registration S Division of Co				
SUBJECT: Scout				
	(Name of Limite	d Liability Compar	ıy)	
The enclosed Articles of	of Organization and fee(s) are s	ubmitted for filing.		
Please return all corres	pondence concerning this matte	er to the following:		
R. Frede	rick Keith			
	()	Name of Person)		
Doan, Ke	ith & Brokamp, Ll	LC		
	(Firm/Company)		
5710 Wo	ooster Pike, Suite	e 212		
		(Address)		
Cincinna	nti, Ohio 45227			
· · · · · · · · · · · · · · · · · · ·		State and Zip Code)		
For further information	concerning this matter, please	call:		
R. Frederick K	eith	at (513	287-86	08
	of Person)	at (513 (Area Code	& Daytime Te	elephone Number)
Enclosed is a check for	or the following amount:			
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Fili Certified Copy (additional copy is	_	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Division of Clifton Bu 2661 Exec	f Corporation	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Scout Day, LLC	
(Must end with the words "Limited Liability Company, "Limited	d Company" or their abbreviation "LLC," or "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:
6700 Kingspointe Parkway	6700 Kingspinte Parkway
Orlando, Florida 32801	Orlando, Florida 32801
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the registration.	ered Agent. You must designate an individual or another
Barry L. Larkin	
Name	·
6700 Kingspointe Parkw	/av
	ress (P.O. Box NOT acceptable)
Orlando	FL 32801
City, State, ar	
liability company at the place designated in th	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Barry L. Larkin 5410 Osprey Isle Lane Orlando, Florida 32819
5410 Osprey Isle Lane Orlando, Florida 32819
5410 Osprey Isle Lane Orlando, Florida 32819
Orlando, Florida 32819
ate of filing: (OPTIONAL)
pecific and cannot be more than five business days p

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.)

Barry L. Larkin

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)