L07000116344

| (Red | questor's Name) | | | | |
|---|--------------------|-----------|--|--|--|
| (Add | dress) | | | | |
| (Add | dress) | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP | ☐ WAIT | MAIL | | | |
| (Bus | siness Entity Name | (e | | | |
| (Document Number) | | | | | |
| Certified Copies | Certificates of | of Status | | | |
| Special Instructions to Filing Officer: | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Office Use Only



200111326182

11/20/07--01001--015 **125.00

OT NOV 19 AM 8: 59

TO ACKNOWLEDGE SUFFICIENCY OF FILM DEPARTIASINT OF STATE
OF STATE OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE
OF STATE

COVER LETTER

| | Registration Sec Division of Cor | | | | | |
|--|-------------------------------------|---|---|--------------|---------|-------------------|
| SUBJEC | CT: Scott 7 | Ower, LLC (Name of Limited | l Liability Company) | | | |
| The encl | osed Articles of | Organization and fee(s) are su | abmitted for filing. | | | |
| Please re | eturn all correspo | ondence concerning this matte | r to the following: | | | |
| 9 | George H | · | | | | |
| | | (1 | Name of Person) | | | |
| ٧ | Villiams (| Sautier Law Firm | | | | |
| _ | - | (| Firm/Company) | | | |
| 2 | 2010 Del | ta Boulevard | | | | (D) |
| (Address) | | | | | 071 | SIVI |
| Tallahassee, Florida 32303 | | | | NON | 空路 | |
| (City/State and Zip Code) | | | | | 9 | F CO |
| For further information concerning this matter, please call: | | | | | M 8: 59 | H OF CORPORATIONS |
| George H. Gwynn at (850) 386-3300 (Area Code & Daytime Telephone Number) | | | 59 | SHO | | |
| Enclose | ed is a check fo | r the following amount: | | | | |
| ▼ \$125.00 Filing Fee | | | | & | | |
| | | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street/Courier Addres Registration Section Division of Corporation Clifton Building 2661 Executive Center | ns | | |

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION OF SCOTT TOWER, LLC

ARTICLE I — Name:

The name of the Limited Liability Company (hereinafter referred to as the ("Company")

"SCOTT TOWER, LLC"

is:

ARTICLE II — Address:

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

500 Orchard Pond Road Tallahassee, FL 32312

ARTICLE III — Registered Agent:

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

Jeffrey S. Phipps 500 Orchard Pond Road Tallahassee, FL 32312

ARTICLE IV — Management:

The Limited Liability Company is to be managed by a manager or managers and the name and address of such manager who is to serve as manager is:

Jeffrey S. Phipps 500 Orchard Pond Road Tallahassee, FL 32312

IN WITNESS WHEREOF, the undersigned, as the sole member of the limited liability company, has signed these Articles of Organization and acknowledged them to be his act this 19¹⁴ day of November, 2007.

EFFRE

STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

I hereby accept the designation as registered agent to accept service of process for the above stated limited liability company at the place designated in this statement. I am familiar with and accept the obligations of my position as registered agent under Chapter 608, Florida Statutes.

(In accordance with section 608.408(3), Florida Statutes, the execution of this certificate constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

JEFFREYS. PHIP

07 NOV 19 AM 8: 59

Filing Fee:

\$100.00 for Articles of Organization

\$ 25.00 for Designation of Registered Agent