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(Requ	uestor's Name)	<u> </u>
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to Fil	ing Officer:	
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Office Use Only

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SECRETARY OF STATE DIVISION OF CORPORATION

G. MCLEOD

JAN 3 0 2008

EXAMINER

COVER LETTER

TO:	Registration Sect Division of Corp				
SUBJ	ECT: SCDM	Company, I		I Compan	у)
conve	nclosed Certificate rt an "Other Busin dance with s. 608.4	ess Entity" into a	_		a, and fees are submitted to ility Company" in
Please	return all correspo	ondence concernir	ng this matter	to:	
Alic	e Ruttler	Contact Person)		·	
SCI	OM Compar	ıy		<u> </u>	
<u>385</u>	8 SW Chaff	Firm/Company) in Street (Address)			
Port	t St. Lucie, F	, ,			
		State and Zip Code)			
For fu	rther information o	concerning this ma	atter, please ca	.ll: '	
Alic	e Ruttler		_at (772	 /	36-5601
Enclo	(Name of Contact Posed is a check for the	·		ode and L	Daytime Telephone Number)
		•			_
(\$25 fo & \$125	r Conversion and	\$155.00 Filing Fees d Certificate of atus	\$180.00 Fill and Certified		S185.00 Filing Fees, Certified Copy, and Certificate of Status
	ET ADDRESS:				ADDRESS:
_	ration Section				Section
	on of Corporations n Building	5		ision of (). Box 63	Corporations
	Executive Center C	Circle			FL 32314
	assee, FL 32301				

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

This Certificate of Conversion <u>and attached Articles of Organization</u> are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.608.439, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this		
Certificate of Conversion is: SCDM Company		
(Enter Name of Other Business Entity)		
2. The "Other Business Entity" is a sole proprietorship.	701	18
(Enter entity type. Example: corporation, limited partnership, sole proprietorship general partnership, common law or business trust, etc.)),	
first organized, formed or incorporated under the laws of Florida	_	
(Enter state, or if a non-U.S. entity, the name of the country)		
on 10/26/2007	9.	DV.
(Enter date "Other Business Entity" was first organized, formed or incorporated)	08 JAN 28	SION
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:	_ `	OF CC
	AM 10: 38	RPON SPON
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:	38	TATE
SCDM Company, LLC		
(Enter Name of Florida Limited Liability Company)		

5. If not effective on the date of filing, enter the effective date: 1) cannot be prior to nor medocument is filed by the Florida Department of Seffective date listed in the attached Articles of Olisted therein.)	ore than 90 days after the date this State; <u>AND</u> 2) must be the same as the
Signed this 24 day of January	20_08
Signature of Authorized Person:	Ruttler
Printed Name: Alice Ruttler Title:	President
Fees:	
Certificate of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SCDM Company, LLC

(Must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

2858 SW Chaffin Street
Port St. Lucie, FL 34953

3858 SW Chaffin Street Port St. Lucie, FL 34953

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another

business entity with an active Florida registration.)

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

Alice Ruttler

3858 SW Chaffin Street

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

Port St. Lucie, FL 34953

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, F.S.

Alici Ruttlu
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:

"MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Alice Ruttler 3858 SW Chaffin Street Port St. Lucie, FL 34953
 	
	(Use attachment if necessary)
LE V: Effective date, if other than the	date of filing:
NAL) State is listed, the date must a days prior to or 90 days after the days af	be specific and cannot be more than fiv ate of filing.)
NAL) fective date is listed, the date must days prior to or 90 days after the date must see the days after the	be specific and cannot be more than fivate of filing.)
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\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)