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то:	Registration S Division of Co				
	SC Fo	juities, LLC			
SUBJ	ECT: <u>00 20</u>		ed Liability Compa	my)	
		of Organization and fee(s) are			
Please	return all corresp	oondence concerning this mat	ter to the following	•	
	Mark S Ho	olecek			
			(Name of Person)		
	SC Equiti	es, LLC			
	<u></u>		(Firm/Company)		
	5201 Fair	way Oaks Drive			
	···		(Address)		
	Winderme	ere, FL 34786			
		<u> </u>	y/State and Zip Code	e)	
For fu	irther information	concerning this matter, please	e call:		
Mark S Holecek			at (407	876-6718 e & Daytime Telephone Number)	
	(Nam	e of Person)	(Area Cod	e & Daytime Telephone Number)	
Enclo	nsed is a check f	or the following amount:			
		\$130.00 Filing Fee &	□\$155.00 Filin	g Fee & S160.00 Filing Fee	
L_\$123	o.oo riiiig ree	Certificate of Status	Certified Cop	py Certificate of Statu	
			(additional copy	y is enclosed) Certified Copy (additional copy is encl	losed)
		Mailing Address	Street/Co	ourier Address	
		Registration Section Division of Corporations		ion Section of Corporations	
		P.O. Box 6327	Clifton B	Building	
		Tallahassee, FL 32314		ecutive Center Circle see, FL 32301	

ARTICLES OF ORGANIZATION FOR FL	ORIDA LIMITED LIABILITY COMPANY		
ARTICLE I - Name: The name of the Limited Liability Company is:			
SC Equities, LLC			
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")		
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:		
5201 Fairway Oaks Drive Windermere, FL 34786	5201 Fairway Oaks Drive Windermere, FL 34786		
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		
	gistored agent are.		
Mark S Holecek Name			
5201 Fairway Oaks [······································		
	ress (P.O. Box <u>NOT</u> acceptable)		
Windermere, FL 3478 City, State, a			
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	ccept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S Accept service of process for the above stated limited in the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S		

(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:

<u>Title:</u> "MGR" = Mana "MGRM" = Ma	ager anaging Member	Name and Address:				
MGRM		Mark S Holecek				
		5201 Fairway Oaks Drive				
		Windermere, FL 34786				
<u> </u>						
						
						
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	isted, the date must be date of filing.)	date of filing: 10/14/08 . (e specific and cannot be more than five bu	,			
	Mur	hS Heul				
	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.)					
	Mark S Holec	ek				
	Ту	ped or printed name of signee				
Filing Fee	es:		S S			

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)