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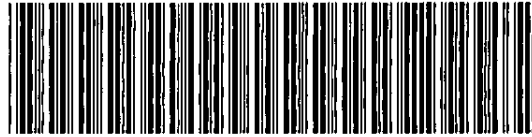
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S. HAWKES

AUG 26 2009

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Scaninvest, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Andrew Scanameo

Name of Person

Scanifest, LLC

Firm/Company

4502 Rockbridge Hollow

Address

Tallahassee, Florida 32309

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

_____ at (_____) _____
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$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

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF ORGANIZATION
OF
SCANINVEST, LLC**

The undersigned, pursuant to the provisions of Chapter 608, Florida Statutes (the "Florida Limited Liability Company Act"), for the purpose of forming a limited liability company under the laws of the State of Florida sets forth the following:

**ARTICLE I
NAME**

The name of the limited liability company is SCANINVEST, LLC (hereinafter referred to as the "Company").

**ARTICLE II
PERIOD OF DURATION**

The Company shall have perpetual existence unless earlier dissolved as provided in the Florida Limited Liability Act or the written Operating Agreement to be executed by all of the Members of the Company.

**ARTICLE III
PURPOSE**

The business of the Company shall be:

- (a) To invest in real and personal property, tangible and intangible, as well as any and all other lawful business activities whatsoever or which shall at any time appear conducive to or expedient for the business of the Company;
- (b) To exercise all other powers necessary to or reasonably connected with the Company's business which may be legally exercised by limited liability companies under the Florida Limited Liability Company Act;
- (c) To engage in all activities necessary, customary, convenient, or incident to any

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of the foregoing.

ARTICLE IV
PRINCIPAL OFFICE

The mailing address and street address of the principal office of the Company in Florida is 4502 Rockbridge Hollow, Tallahassee, FL 32309. Such address may be changed from time to time as provided in the Operating Agreement.

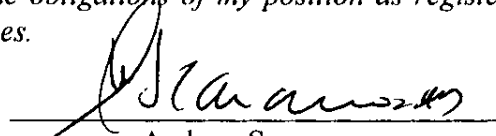
ARTICLE V
REGISTERED OFFICE AND AGENT

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

Andrew Scanameo
4502 Rockbridge Hollow
Tallahassee, FL 32309

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Having been named as registered agent and as the person to accept service of process for the above named limited liability company at the place designated in these Articles, 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, Florida Statutes.


Andrew Scanameo

ARTICLE VI
MANAGEMENT

The Company shall be a manager-managed limited liability company. The initial manager of the Company shall be Andrew Scanameo, whose address is 4502 Rockbridge Hollow, Tallahassee, FL 32309.

ARTICLE VII
EFFECTIVE TIME

These Articles shall be effective when filed with the Florida Department of State.

Executed by the undersigned as Manager and member of the Company, on the 24th day of August, 2009.

Andrew Scanameo
ANDREW SCANAMEO

STATE OF FLORIDA,

COUNTY OF LEON.

The foregoing instrument was acknowledged before me this ____ day of August, 2009, by Andrew Scanameo as Manager and member of SCANINVEST, LLC a Florida limited liability company. He is personally known to me or has produced _____ as identification.

Cathi C. Wilkinson
NOTARY PUBLIC - STATE OF FLORIDA



Cathi C. Wilkinson
Commission # DD604273
Expires October 11, 2010
Bonded Tray Firm INSURANCE INC 800-988-7019

Print, Type or Stamp Name of Notary Public

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