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SECRETARY OF STATE DIVISION OF CORFORATION

### COVER LETTER

	of Corporations		
. SUBJECT:	The S	Scott Company, LLC	
		ted Liability Company	<del></del>
The enclosed Artic	eles of Organization and fee(s) are	submitted for filing.	
Please return all co	orrespondence concerning this ma	tter to the following:	
	Ste	ephen S.Pranka	
		Name of Person	
	The S	cott Company, LLC	
		Firm/Company	
	11000 Pla	acida Road, Unit 1002	
V - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		Address	
	nı	naida El 22046	
		acida, FL 33946 ty/State and Zip Code	
-	E-mail address: (to be used	for future annual report notification)	
For further informa	ation concerning this matter, pleas	se call:	
Ste	phen S. Pranka	at ( 941 ) 697-776	<b>i</b> 1
1	Name of Person	Area Code & Daytime Telephone Nur	mber
Enclosed is a che	cck for the following amount:		
□\$125.00 Filing H	Fee \$\sqrt{\$130.00}\$ Filing Fee & Certificate of Status	Certified Copy Certifi (additional copy is enclosed) Certifi	0 Filing Fee, cate of Status & ed Copy and 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 FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:								
(Mu:	The Scott Cost end with the words "Limited Li	mpany, LLC ability Company," "L.L.C.," or "LLC.")						
ARTICLE II - Add The mailing address		e principal office of the Limited Liab	oility Company is:					
Principal Office A	ddress:	Mailing Address:						
11000 Placida Road, Unit 1002 Placida, FL 33946		11000 Placida Road, Unit 10 Placida, FL 33946	002					
(The Limited Liability Corbusiness entity with an ac		red Office, & Registered Agent's Segistered Agent. You must designate an individual accordance registered agent are:						
	Stephen S. Pranka							
	Na	me	<u> </u>					
	11000 Placida Road, Unit 1002							
Florida street address (P.O.		. Box NOT acceptable)	9					
_	Placida, FL 33946	FL	Ë <u>≧</u> no					
	City, State	e, and Zip						
liability compan registered agent an statutes relating to	y at the place designated t d agree to act in this capa o the proper and complete	to accept service of process for the alin this certificate, I hereby accept the acity. I further agree to comply with the performance of my duties, and I am pegistered agent as provided for in Charles	appointment as he provisions of all familiar with and					

(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>		Name and Address:	
"MGR" = Manage			
"MGRM" = Mana	ging Member		
MGRM		Stephen S. Pranka	
	_	11000 Placida Road, Unit 1002	
		Placida, FL 33946	
	<del></del>		
	<b></b>		
(Use attachment if	`nececcaru)		
(Ose attachment is	necessary)		
ARTICLE V: Effective da	ate, if other than the d	date of filing: (OPTIONAL)	
(If an effective date is liste	ed, the date must be	specific and cannot be more than five business days p	rioi
to or 90 days after the dat	e of filing.)		
DEOLUBED CLC	N. T. D. ()	$\Lambda$	
<u>REQUIRED</u> SIG	NATURE!		
		anha	
		or an authorized representative of a member.	
	(In accordance with sect	ion 608.408(3), Florida Statutes, the execution	
	of this document constit that the facts stated here	tutes an affirmation under the penalties of perjury	
	(	Stephen S. Pranka	
	Тур	ed or printed name of signee	
Filing Fees:			
\$125.00 Filing Fe	e for Articles of Organ	ization and Designation	
_	tarad Agant	G	

Page 2 of 2

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