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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

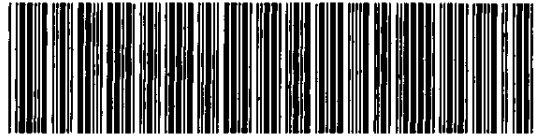
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2010 MAR 29 AM 9:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

C. LEWIS

MAR 30, 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 19, 2010

COLETTE C. JACCARD / SCL VENTURES LLC
15824 GLENARN DRIVE
TAMPA, FL 33618

SUBJECT: SCL VENTURES LLC
Ref. Number: W10000013863

We have received your document for SCL VENTURES LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 710A00006851

March 16, 2010

TO: Registration Section
Division of Corporations

SUBJECT: SCL Ventures LLC

The enclosed Articles of Corporation and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Colette C. Jaccard
SCL Ventures LLC
15824 Glenarn Drive
Tampa, Florida 33618

E-mail address: cjaccard@verizon.net

For further information concerning this matter, please call:

Colette C. Jaccard at (813) 269-9969

Enclosed is a check for the amount of \$130.00 which represents the Filing Fee and Certificate of Status.

Sincerely,



Colette C. Jaccard

**ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY**

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TALLAHASSEE, FLORIDA

ARTICLE I – Name:

The name of the Limited Liability Company is:

SCL Ventures LLC

ARTICLE II – Address:

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

Principal Office Address

15824 Glenam Drive
Tampa, Florida 33618

Mailing Address


15824 Glenam Drive
Tampa, Florida 33618

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

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

Colette C. Jaccard
15824 Glenam Drive
Tampa, Florida 33618

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.



Registered Agent's Signature

ARTICLE IV – Effective date is April 1, 2010.

REQUIRED SIGNATURE

COLETTE JACCARD

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V

Name of Member:

Colette C. Jaccard
15824 Glenarn Drive
Tampa, Florida 33618



Signature of Member