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SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

TÓ:

Registration Section

DIVISIO	on of Corporations		
SUBJECT:	SOUTH CAROLINA	ENTERP	RISES, LLC
	Name of Limite	d Liability Compa	any
The enclosed A	rticles of Organization and fee(s) are s	ubmitted for filing	g.
Please return all	correspondence concerning this matte	er to the following	; ;
	· · · · · · · · · · · · · · · · · · ·	J. Bleidt	
		Name of Person	
	John J. Bleid		at Law, PSC
		Firm/Company	
	105 S. SI	nerrin Aver	nue
		Address	
		e, Kentucky	
	•	/State and Zip Code	
	E-mail address: (to be used for	idt@insightb or future annual rep	
For further info	rmation concerning this matter, please	call:	
John J. E		at (502	896-2301
	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 Filin Certified Co (additional cop	py Certificate of Status &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrat Division Clifton E 2661 Ex	ourier Address ion Section of Corporations Building ecutive Center Circle see, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SOUTH CAROLINA ENTERPRISES, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "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:	
6953 Lone Oak Blvd.	105 S. Sherrin Avenue	
Naples, Florida 34109	Louisville, Kentucky 40207	_
(The Limited Liability Company cannot serve as its of business entity with an active Florida registration.)	gistered Office, & Registered Agent's Sigrown Registered Agent. You must designate an individual of	
The name and the Florida street address	of the registered agent are:	H VISE
Jo	hn J. Bleidt	CRETA ION OF JAN 3
	Name	⋍ 무취
6953 Lone (Oak Blvd.	
Florida	street address (P.O. Box NOT acceptable)	7 Par 2 Pa
Naples	_{FL} 34109	2 ≥≥
	City, State, and Zip	S C.
liability company at the place design registered agent and agree to act in this statutes relating to the proper and con	and to accept service of process for the above ated in this certificate, I hereby accept the app capacity. I further agree to comply with the p uplete performance of my duties, and I am fam as registered agent as provided for in Chapte	pointment as provisions of all uiliar with and

Page 1 of 2

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title: "MGR" = Mana "MGRM" = Ma		Name and Address:
MGRM	· · · ·	Wm. Neil Farfour
·		105 S. Sherrin Avenue Louisville, Kentucky 40207
		· · · · · · · · · · · · · · · · · · ·
· · · · · · · · · · · · · · · · · · ·		
		
	tif necessary)	
(Use attachment		
CLE V: Effective	date, if other than the	e date of filing: (OPTIONAL) se specific and cannot be more than five business days p
CLE V: Effective ffective date is li	date, if other than the sted, the date must b late of filing.)	e date of filing: (OPTIONAL) the specific and cannot be more than five business days p
CLE V: Effective ffective date is lid days after the d	date, if other than the sted, the date must b late of filing.)	e date of filing: (OPTIONAL) e specific and cannot be more than five business days p
CLE V: Effective ffective date is lid days after the d	date, if other than the sted, the date must b late of filing.)	e date of filing: (OPTIONAL) se specific and cannot be more than five business days program authorized representative of a member.
CLE V: Effective ffective date is li days after the d REQUIRED SI (In accounting langer)	e date, if other than the sted, the date must b late of filing.) IGNATURE: Signature of a member of	e specific and cannot be more than five business days p

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)