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| (Requestor's Name) | |
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| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | |
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| (Business Entity Name) | |
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| (Document Number) | |
| Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | |
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| A. LUNT | : |
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COVER LETTER

| TO: Registration S Division of Co | | | |
|-----------------------------------|--|---|--|
| SUBJECT: | Name of Limite | Jh Service ed Liability Company | 3 |
| | | , , , | 100 CT |
| The enclosed Articles o | f Organization and fee(s) are s | submitted for filing. | 3 JAN |
| Please return all corresp | ondence concerning this matte | er to the following: | |
| Tor | DA A BC | Name of Person | PH 1: 39 |
| 10 | DD'S lau | Erm/Company | 39 39 |
| | 039 GRL | EN Fountain | in Rd |
| TAL | lahassez- | y/State and Zip Code | 235 |
| | E-mail address: (to be used t | or future annual report notification) | |
| For further information | concerning this matter, please | call: | |
| Name | of Person | at () Area Code & Daytime Teleph | hone Number |
| Enclosed is a check f | or 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 Tallahasson FL 32314 | Street/Courier Address Registration Section Division of Corporations Clifton Building | Irola |

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is: Scruic 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:

ARTICLE 1 - Name:

| 10039 GRHEN Fountain Rd. TAIAMSSLE FLA 32305 | | |
|---|-----------|--|
| ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signatu (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or anot business entity with an active Florida registration.) | her | |
| The name and the Florida street address of the registered agent are: Coop Burns Coop Roman Coop Roman | 3 JANII F | Section of the sectio |
| 10039 GRHEN Fourtain Rd Florida street address (P.O. Box NOT acceptable) | H 1: 39 | arine. |
| THIAMSSEE FL 32305 City, State, and Zip | | |

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 (REQUIRED)

(CONTINUED)

| <u>Citle:</u> MGR" = Manager MGRM" = Managing Memb | Name and Address: |
|---|--|
| MGRM | TODO BURUS |
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| Use attachment if necessary) | <u> </u> |
| LE V: Effective date, if other | than the date of filing: (OPTION |
| LE V: Effective date, if other | than the date of filing: (OPTION the must be specific and cannot be more than five busings. |
| LE V: Effective date, if other fective date is listed, the date or 90 days after the date of REQUIRED SIGNATURE | than the date of filing: (OPTION to must be specific and cannot be more than five busifiling.) |
| LE V: Effective date, if other fective date is listed, the date of 90 days after the date of REQUIRED SIGNATURE. Signature of (In accordance with seconstitutes an affirmation I am aware that any factors.) | than the date of filing: (OPTION the must be specific and cannot be more than five busifiling.) a member or an authorized representative of a member. a member of an authorized statutes, the execution of this document tion under the penalties of perjury that the facts stated herein are true. The disc information submitted in a document to the Department of State. |
| LE V: Effective date, if other fective date is listed, the date of 90 days after the date of REQUIRED SIGNATURE. Signature of (In accordance with seconstitutes an affirmation I am aware that any factors.) | than the date of filing: (OPTION the must be specific and cannot be more than five busifiling.) a member or an authorized representative of a member. a member of this document tion under the penalties of perjury that the facts stated herein are true. |