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(Re	equestor's Name)	·		
(Address)				
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(Ci	ty/State/Zip/Phone #)			
PICK-UP	WAIT	MAIL MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates of	Status		
Special Instructions to Filing Officer:				

Office Use Only



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C. LEWIS

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EXAMINER

, /	CORPORATE / "When you need ACCESS to the world"				
ı, .;	P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666				
WALK IN					
	PICK UP: 1/25/13 Aluco				
	CERTIFIED COPY				
	РНОТОСОРУ				
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<b>U</b>	FILING LC				
1.	STORT SC LLC (CORPORATE NAME AND DOCUMENT #)				
2.	(CORPORATE NAME AND DOCUMENT #)				
3.	(CORPORATE NAME AND DOCUMENT #)				
<b>.</b> .	(CORPORATE NAME AND DOCUMENT #)				
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j.	(CORPORATE NAME AND DOCUMENT #)				
PECIAL	INSTRUCTIONS:				

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited	Liabili	ty Company is:				
Steri S	C	LLC				
(Must end v	with the w	ords "Limited Liabilit	y Company, "L.I	L.C.," or "LLC.")		
ARTICLE II - Address The mailing address and		ddress of the pri	ncipal office	of the Limited L	iability Comp	pany is:
Principal Office Addres	<u>ss:</u>		Mailing Ad	ldress:		
280 S. Bever Suite 205			280 Sui-	S. Beverlu te 205 -	1 Drive	<i>-</i> -
Beverly Hills	CA	90212	Beven	ely Hills,	CA 902	12
ARTICLE III - Registe (The Limited Liability Company business entity with an active FI	cannot se	rve as its own Registe				,
The name and the Florida street address of the registered agent are:					SIANE SEANE	
USA-	USA-RA LLC					NAC CARGO
Name						125
841 Prudential Drive Floor 12-6491007					;	<b>→</b>
Florida street address (P.O. Box NOT acceptable)						94 10: 46
<u>Jacks</u>	onville		FL 32207	<del></del>		<b>5</b> 3
City, State, and Zip						אינ יט
Having been named as r						

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)
Page 1 of 2

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

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<u>Title:</u> "MGR" = Manager "MGRM" = Managing N	Name and Address:
MGRM	Timothy Helfet  280 S. Beverly Deive Suite 205  Beverly Hills CA. 90212
merm	Dovid Helfet 280 S. Bevenly Drive Snite 205 Bevenly Hills, CA 90212
-	
	other than the date of filing: (OPTIONAL)  date must be specific and cannot be more than five business days prior
to or 90 days after the date of file	
REQUIRED SIGNATU	RE:
of this do that th	rdance with section 608.408(3), Florida Statutes, the execution occument constitutes an affirmation under the penalties of perjury see facts stated herein are true.)  The Felton Typed or printed name of signee

Filing Fees:

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