# L14000040459

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Effective Date 2114/14

02/14/14--01023--016 \*\*155.00

SECRETARY OF STATE
SECRETARY OF STATE
DIVISION OF CORPORATIONS

MAR 1.1. 2014 J. HARRIS

# COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: SCC Property Holdings, LLC Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Todd Barna or Lori Feinsilver Name of Person
SCC Property Holdings, LLC Firm/Company
2579 N.W 19th Street
Fort, Landerdale, Fl 33311 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Lori Feinsilver at (954) 730-7200 1140  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  S160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address Street/Courier Address

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Registration Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



February 18, 2014

TODD BARNA 2579 NW 19TH ST FORT LAUDERDALE, FL 33311

SUBJECT: SCC PROPERTY HOLDINGS LLC

Ref. Number: W14000010474

We have received your document for SCC PROPERTY HOLDINGS LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return 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) 245-6951.

JENNA D HARRIS Regulatory Specialist II

Letter Number: 914A00003611

SECRETARY OF STATE BIVISION OF CORPORATIONS

Effective Date 2/14/14

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Compa	ny is:
SC Propo	vord: "Limited Liability Company, "L.L.C.," or "LLC.")
(Must end with the v	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:
ا اسطف ، مدید	

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

| LOVI FLORIDA STREET |
| Name | Plorida street address (P.O. Box NOT acceptable) |
| Fold Cultural FL 3331 |
| City 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 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

DIVISION OF CURFURALIUMS

Title: "AMBR" = Authorized Member	Name and Address;
'MGR" = Manager	Toold Barna 2500 NW 1919St FORT Jakarraale
Amber	LON PENSILUT 2500 NO 19 19 11 SMEET FORT CAUDUSCUE PL 25311
<del></del>	
<u>.</u>	
Use attachment if necessary)	
V: Effective date, if other than the dat tive date is listed, the date must be s	te of filing: 2-14-14 (OPTIONAL)  pecific and cannot be more than five business days prior to or
V: Effective date, if other than the date tive date is listed, the date must be spling.)	
V: Effective date, if other than the date tive date is listed, the date must be spling.)	
V: Effective date, if other than the date tive date is listed, the date must be splitting.)  VI: Other provisions, if any.	
ctive date is listed, the date must be specification.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a more of a m	

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)

Page 2 of 2