

L14000194971

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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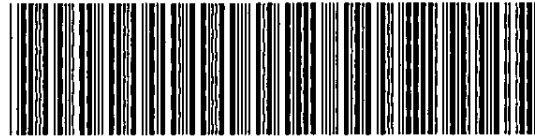
(Business Entity Name)

(Document Number)

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- ☐ CERTIFIED COPY \_\_\_\_\_
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- ☒ FILING LLC \_\_\_\_\_

1. SCB Tampa, LLC Effective 1/1/15  
(CORPORATE NAME AND DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS: \_\_\_\_\_

ARTICLES OF ORGANIZATION  
OF  
SCB TAMPA, LLC

FILED  
14 DEC 23 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned hereby certifies that he is the Authorized Representative of a Member who is forming a Limited Liability Company under Florida Statutes Chapters 605. The following Articles of Organization are hereby adopted.

ARTICLE 1.  
NAME

The name of the Limited Liability Company shall be SCB Tampa, LLC.

ARTICLE 2.  
DURATION; EFFECTIVE DATE

This Limited Liability Company shall exist perpetually, commencing as of January 1, 2015.

ARTICLE 3.  
ADDRESS; PRINCIPAL OFFICE

The mailing address of the Limited Liability Company and the street address of the principal office of the Limited Liability Company is c/o TFS Holdings, Inc., 15310 Amberly Drive, Suite 250, Tampa, Florida 33647.

ARTICLE 4.  
INITIAL REGISTERED OFFICE AND REGISTERED AGENT

The address of the initial registered office of the Limited Liability Company is c/o TFS Holdings, Inc. 15310 Amberly Drive, Suite 250, Tampa, Florida 33647 and the name of its initial registered agent at such address is Samuel G. Bynum.

ARTICLE 5.  
PURPOSE

This Limited Liability Company may engage in any activity or business permitted under the laws of the United States of America and of this State.

ARTICLE 6.  
MANAGEMENT

The Limited Liability Company shall be managed by one or more managers and is, therefore, a manager-managed limited liability company. The authority and duties of the Manager shall be as set forth in the Operating Agreement of the Limited Liability Company. The name and address of the initial Manager is Samuel G. Bynum, c/o TFS Holdings, Inc., 15310 Amberly Drive, Suite 250, Tampa, Florida 33647.

The undersigned, being the Authorized Representative of a Member of the Limited Liability Company, hereby certifies that the foregoing constitutes the Articles of Organization of SCB Tampa, LLC.

Executed by the undersigned on December 17, 2014.

  
\_\_\_\_\_  
Holger D. Gleim  
AUTHORIZED REPRESENTATIVE

ACCEPTANCE OF APPOINTMENT OF REGISTERED AGENT  
ACKNOWLEDGMENT OF REGISTERED AGENT

Pursuant to Chapter 605, Florida Statutes, I hereby accept appointment as Registered Agent of the following Florida limited liability company:

Name of Limited Liability Company: SCB Tampa, LLC

The Registered Office of such limited liability company shall be c/o TFS Holdings, Inc., 15310 Amberly Drive, Suite 250, Tampa, Florida 33647

Pursuant to Section 605.0113, Florida Statutes, I agree to act in this capacity, and will comply with the provisions of all statutes relative to the proper and complete performance of my duties. I am familiar with and accept the obligations of 605.0113, Florida Statutes.

Dated this 18<sup>th</sup> day of December, 2014.

  
Samuel G. Bynum,  
Registered Agent

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14 DEC 23 AM 10:00  
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