

L15000046145

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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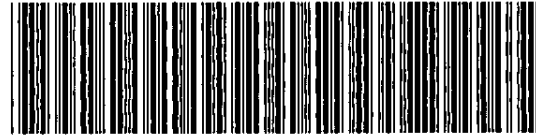
(Business Entity Name)

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15 MAR 13 PM 4:27  
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FILED  
15 MAR 13 PM 1:20  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

MAR 16 2015

T. BROWN

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

**FILING COVER SHEET**  
**ACCT. #FCA-23**

**CONTACT:**      RICKY SOTO

**DATE:**            03/13/2015

**REF. #:**           9478064

**CORP. NAME:**   MIG9 SCOUT CI, LLC

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

**STATE FEES PREPAID WITH CHECK# 70037005 FOR \$ 155.00**

**AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:**

\_\_\_\_\_ **COST LIMIT: \$** \_\_\_\_\_

**PLEASE RETURN:**

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS     |   |   |

Examiner's Initials

# ARTICLES OF ORGANIZATION

MIG9 SCOUT CI, LLC,  
a Florida limited liability company

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLE I NAME

The business and affairs of the Limited Liability Company shall be conducted under the name of:

MIG9 SCOUT CI, LLC

## ARTICLE II PRINCIPAL OFFICE

The street address and the mailing address of the principal place of business of the Limited Liability Company within the State of Florida shall be:

8043 Cooper Creek Blvd.  
Suite #208  
University Park, Florida 34201

## ARTICLE III INITIAL REGISTERED AGENT/OFFICE

The registered office of the Limited Liability Company and its initial registered agent shall be:

Craig A. Mallitz  
8043 Cooper Creek Blvd.  
Suite #208  
University Park, Florida 34201

## ARTICLE IV MANAGEMENT AND POWERS

The business and affairs of the Limited Liability Company shall be managed by one or more Managers elected as provided in the Operating Agreement of the Limited Liability Company.

These Articles of Organization have been executed as of the 12<sup>th</sup> day of March, 2015.

Mallitz Investment Group, LLC, a Florida  
limited liability company

By: Craig Mallitz  
Craig A. Mallitz, as its President

“MANAGER”

CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 605.0203 of the Florida Statutes, the undersigned Limited Liability Company submits the following statement to designate a registered office and registered agent in the State of Florida.

1. The name of the Limited Liability Company is:

MIG9 SCOUT CI, LLC

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

Craig A. Mallitz  
8043 Cooper Creek Blvd.  
Suite #208  
University Park, Florida 34201

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

Having been named 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Date: March 12, 2015

  
\_\_\_\_\_  
Craig A. Mallitz

"REGISTERED AGENT"