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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

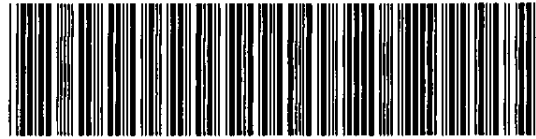
(Business Entity Name)

(Document Number)

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AUG 06 2015

T SCHROEDER

**Wolters Kluwer**

2075 Centre Pointe Boulevard, Tallahassee, FL, 32308

850-205-8842

**SDC Ventures LLC**

[Redacted]

[Redacted]

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**Thank you!**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Profit                    | <input type="checkbox"/> Amendment              | <input type="checkbox"/> Merger             |
| <input type="checkbox"/> Nonprofit                 |   |   |
| <input type="checkbox"/> Foreign                   | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark               |
|  | <input type="checkbox"/> Reinstatement          |   |
| <input type="checkbox"/> Limited Partnership       | <input type="checkbox"/> Annual Report          | <input type="checkbox"/> Other              |
| <input checked="" type="checkbox"/> LLC            | <input type="checkbox"/> Name Registration      |   |
| <b>Formation</b>                                   | <input type="checkbox"/> Fictitious Name        | <input type="checkbox"/> UCC                |
| <input checked="" type="checkbox"/> Certified Copy | <input type="checkbox"/> Photocopies            | <input type="checkbox"/> CUS                |
| <b>New Formation</b>                               |   |   |
| <input type="checkbox"/> Call When Ready           | <input type="checkbox"/> Call If Problem        |   |
| <input checked="" type="checkbox"/> Walk In        | <input type="checkbox"/> Will Wait              | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out                  |   |   |

Name \_\_\_\_\_  
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8/5/2015

**ST**

Order#:  
**9650526**

Ref#: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

**ARTICLES OF ORGANIZATION**

**OF**

**SDC VENTURES LLC**

**ARTICLE I**

The name of the limited liability company (hereinafter called the "limited liability company") is **SDC VENTURES LLC**.

**ARTICLE II**

The address of the principal office and the mailing address of the limited liability company is 2020 Ponce de Leon Blvd, PH-2, Coral Gables, Florida 33134.

**ARTICLE III**

The period of duration for the limited liability company shall be perpetual.


**ARTICLE IV**

The name and the Florida street address of the registered agent and office are Joan Burton Jensen, Esq., 2020 Ponce de Leon Blvd, PH-2, Coral Gables, Florida 33134.

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*Having been named as the 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.*


Date: As of August 5, 2015

  
\_\_\_\_\_  
Joan Burton Jensen  
(Registered Agent's Signature)

(CONTINUED)

**ARTICLE V**

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

By:   
(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.)

Joan Burton Jensen, Authorized Representative of the Member  
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)

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