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SECRETARY OF STATE

DIVISION OF CORPORATION

10/03/16

COVER LETTER

	Registration Section Division of Corporations	
SUBJEC	SCRFCO, LLC	
SOBJEC		imited Liability Company
The enclo	osed Articles of Organization and fee(s)	are submitted for filing.
Please ret	turn all correspondence concerning this i	matter to the following:
	CHRISTOPHER J. DONNELLY	
	<u></u>	Name of Person
	C. J. DONNELLY LAW OFFICES,	PLLC
		Firm/Company
		Address
	3020 NE 32nd Avenue, #803	
	Ft. Lauderdale, FL 33308	City/State and Zip Code
	E-mail address: (to be use	ed for future annual report notification)
For further	information concerning this matter, plea	ase call:
	Chris Donnelly	954 298-5113
	Name of Person	Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:	
\$125.00 F	Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	Company is:				
SCRFCO, LLC.	24.4	11/12/200	41.1.C. 11.1.C. 11.1.C		
(Must end w	ith the words "Limite	d Liability Coi	mpany, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street add	dress of the principal	office of the Li	imited Liability Company is:		
<u>Principa</u>	Office Address:		Mailing Add	iress:	
3020 NE 32ND AVE, #803 FT LAUDERDALE, FL 33308 Attention: Christopher Donnelly 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 ac	ddress of the registere	ed agent are:			
	Christopher J. Donn	elly			
		Name			
	3020 NE 32nd Aver				
	Florida street addre	ss (P.O. Box <u>N</u>	(OT acceptable)		
	Ft. Lauderdale	FL	33308		
	City	State	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.

(CONTINUED)

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Registered Agent's Signature (REQUIRED)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

Title: "AMBR" = Author	Name and Address:	
"MGR" = Manager		
MGR	CHRISTOPHER DONNELLY	
	3020 NE 32ND AVE, #803	
	FT LAUDERDALE, FL 33308	
MGR	D. RYAN TYLER	
	315 MEIGS RD - STE 357	
	SANTA BARBARA, CA 93109	
MGR	J. DAVID YOUNG	
	5430 LBJ FREEWAY, SUITE 1200	
	DALLAS, TEXAS 75240	
MGR	WILLIAM SILVERMAN	
	401 PLEASANT VALLEY WAY	
	WEST ORANGE, NJ 07052	
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