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STOCKETARY OF STATE

FIL:ED

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: SCOT (O L_C Name of Limited Liability C	Company
The enclosed Articles of Organization and fee(s) are submitted for	filing.
Please return all correspondence concerning this matter to the follo	wing:
Steven Gregory Tart Jr. Name of Per	son
	· · · · · · · · · · · · · · · · · · ·
1949 Mollory Squae Address	
Salchussel, F/323 City/State and Z Sanga 383 (9 gma), Con E-mail address: (to be used for future annu	ip Code 1 1 1 1 1 1 1 1 1 1 1 1 1
For further information concerning this matter, please call:	
	396-7098 Daytime Telephone Number
Enclosed is a check for the following amount:	/
Certificate of Status Certified	Siling Fee & Silon, 100 Filing Fee. Copy Certificate of Status & Certified Copy (additional copy is enclosed)
New Filing Section Ne Division of Corporations Di P.O. Box 6327 CI	reet Address ew Filing Section vision of Corporations ition Building 61 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
SCTCo: LLC	
(Must contain the 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:		<u>Mailing Address</u> :
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1949 Mallor, Sycare		·,
Tall chassae A1 \$1308		<u> </u>
	-	

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:

ARTICLE 1 - Name:

Steen Crescy Toff Jr

Name

1949 Mallory Square

Florida street address (P.O. Wox NOT acceptable)

Tollahassee FL 32308

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)

Title:		Name and Address:
Authorize	d Member	
MGR" = Manager	<u>.</u>	Steven Caroacon Taff J-
		1949 Mello-4 Square
		Tollahassoc FL 32303
		
	_	
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(Use attachment if ne		. (OPTIONAL)
CLE V: Effective date, i effective date is fisted, to te of filing.) If the date inserted in the	fother than the date of filing he date must be specific an his block does not meet the	applicable statutory filing requirements, this date will not be list
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Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)