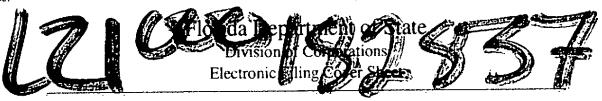
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	Division of Corporations	د ر <u>.</u> د ج
	Fax Number : (850)617-6381	77
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From:		
	Account Name : CORPORATE CREATIONS INTERNATIONAL	INC.
	Account Number: 110432003053	
	Phone : (561)694-8107	
	Fax Number : (561)214-8442	

FLORIDA LIMITED LIABILITY CO. SCS BDK Holdings LLC

Certificate of Status	1
Certified Copy	1
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Estimated Charge	\$160.00

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⊙ 04/27/2021 6:43 AM

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: SCS BDK Holdings 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: Mailing Address: 7121 Fairway Drive, Suite 405 7121 Fairway Drive, Suite 405 Palm Beach Gardens, FL 33418 Palm Beach Gardens, FL 33418 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:

Comiter, Singer, Baseman & Braun, LLP Name

3825 PGA Blvd., Suite 701 Florida street address (P.O. Box NOT acceptable)

Palm Beach Gardens FL

Zip City State

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 l am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGRM	Philip Lustbader
	7121 Fairway Drive, Suite 405 Palm Beach Gardens, FL 33418
MGRM	Bryan Klugh
	7121 Fairway Drive, Suite 405 Palm Beach Gardens, FL 33418
MGRM	Scott Jones 7121 Fairway Drive, Suite 405 Palm Beach Gardens, FL 33418
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(Use attachment if necessary) CLE V: Effective date, if other than the	e date of filing:
CLE V: Effective date, if other than the effective date is listed, the date must let of filing.) If the date inserted in this block does	be specific and cannot be more than five business days prior to or 90 do not meet the applicable statutory filing requirements, this date will not be
CLE V: Effective date, if other than the effective date is listed, the date must be of filing.) If the date inserted in this block does cument's effective date on the Departs	be specific and cannot be more than five business days prior to or 90 do not meet the applicable statutory filing requirements, this date will not be
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CLE V: Effective date, if other than the effective date is listed, the date must lite of filing.) If the date inserted in this block does cument's effective date on the Departicular CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is elignature that any ware that any	not meet the applicable statutory filing requirements, this date will not be ment of State's records.

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)