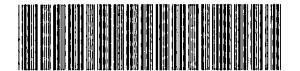
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ARTICLES OF ORGANIZATION FOR FLC SCDA LIMITED LIABILITY COMPANY

MATTHEW'S RE	NOVATION LLC.,	
		ability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:		
	t address of the principal offic	e of the Limited Liability Company is:
Princ	ipal Office Address:	Mailing Address:
1568 BARKWOO	D LANE	1568 BARKWOOD LANE
ORLANDO, FL 32828		ORLANDO, FL 32828
ARTICLE III - Registered A	Agent, Registered Office, & I	Registered Agent's Signature:
The Limited Liability Compa another business entity with a	ny cannot serve as its own Re n active Florida registration.) et address of the registered ag	ent are:
The Limited Liability Compa another business entity with a	ny cannot serve as its own Re n active Florida registration.) et address of the registered ag KELIN ALEXANDER	gistered Agent. You must designate an individual o ent are: BONILLA INESTROZA
The Limited Liability Compa another business entity with a	ny cannot serve as its own Re n active Florida registration.) et address of the registered ag KELIN ALEXANDER	gistered Agent. You must designate an individual o ent are:
The Limited Liability Compa another business entity with a	ny cannot serve as its own Re n active Florida registration.) et address of the registered ag KELIN ALEXANDER	gistered Agent. You must designate an individual o ent are: BONILLA INESTROZA ame
The Limited Liability Compa another business entity with a	ny cannot serve as its own Re n active Florida registration.) et address of the registered ag KELIN ALEXANDER N 1568 BARKWOOD LA	gistered Agent. You must designate an individual o ent are: BONILLA INESTROZA ame

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..

State

City

egistered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

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The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	Name and Address:
"AMBR" = Autho	
"MGR" = Manage	
MGR	KELIN ALEXANDER BONILLA INESTROZA
	1568 BARKWOOD LANE
	ORLANDO, FL 32828
(Use attachment if	nagaccaru i
(***************************************
	this block does not meet the applicable statutory filing requirements, this date will not be listed as te on the Department of State's records.
ARTICLE VI: Other provisi RENOVATATION COMM	
<u>REQUIRED</u> SIG:	History I'-
	Signature of a member or an authorized representative of a member.
	is document is effected in accordance with section 605.0203 (1) (b). Florida Statutes.
	n aware that any false information submitted in a document to the Department of State istitutes a third degree felony as provided for in s.817.155, F.S.
	KELIN ALEXANDER BÖNILLA INESTRÖZA
	Typed or printed name of signee
	Cyped or princed range or signed

Page 2 of 2

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional) 20211:07 -9 Pit to 03