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Division of Corporations

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Florida Department of State  
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**To:**

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**From:**

Account Name : BARNETT, KIRKWOOD, KOEHE, LONG & FOSTER, P.A.  
Account Number : 072731001155  
Phone : (813)253-2020  
Fax Number : (813)251-6711

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Email Address: tseemann@gunster.com

**FLORIDA LIMITED LIABILITY CO.  
SCM PinnOZ LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 1        |
| Certified Copy        | 0        |
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**ARTICLES OF ORGANIZATION  
OF  
SCM PINNOZ LLC**

The undersigned hereby organizes a limited liability company under the provisions of the Florida Revised Limited Liability Company Act, and pursuant to the following Articles of Organization:

**ARTICLE 1**  
**Name**

The name of this limited liability company is SCM PinnOZ LLC (hereafter, the "Company").

**ARTICLE 2**  
**Effective Date**

The Company shall have perpetual existence, commencing on the date that these Articles of Organization are filed with the Florida Department of State.

**ARTICLE 3**  
**Mailing Address and Principal Office**

The mailing address and the street address of the principal office of the Company are  
1810 W. Kennedy Blvd., Suite 217, Tampa, Florida 33606.

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ARTICLE 4  
Initial Registered Office and Agent

The street address of the initial registered office of the Company is 601 Bayshore Blvd., Suite 700, Tampa, Florida 33606, and the name of the initial registered agent of the Company at that address is David L. Koche.

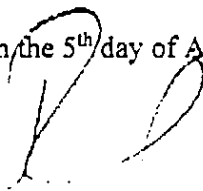
ARTICLE 5  
Management of the Company

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

ARTICLE 6  
Indemnification

The Company shall indemnify its managers and members to the fullest extent authorized by law.

IN WITNESS WHEREOF, the undersigned authorized representative of the member has executed these Articles of Organization on the 5<sup>th</sup> day of April, 2023.



\_\_\_\_\_  
DAVID L. KOCHÉ, Authorized Representative

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE OF  
SCM PINNOZ LLC**

Pursuant to the provisions of Section 605.0113 of the Florida Statutes, the undersigned limited liability company submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the limited liability company is: SCM PinnOZ LLC
2. The name and address of the registered agent and office are:

David L. Koche  
601 Bayshore Blvd., Suite 700  
Tampa, Florida 33606

*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, Florida Statutes.*

Dated: April 5, 2023.



\_\_\_\_\_  
DAVID L. KOCHE

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