

L26000297138

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H26000233133 3))



H260002331333ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : HENDEE MCKERNAN SCHROEDER WILKERSON & HENDEE PA
Account Number : I1998000066
Phone : (813)258-1177
Fax Number : (813)259-1106

2026 JUN -2 11 8:39

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Info@southcedarrr.com

FLORIDA LIMITED LIABILITY CO.
SCRE Referral, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

FILED
2026 JUN -2 PM 1:33
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

(((H26000231833 3)))

ARTICLES OF ORGANIZATION OF
SCRE REFERRAL, LLC

ARTICLE I-Name

The name of the limited liability company shall be SCRE Referral, LLC.

ARTICLE II-Address

The street address and the mailing address of the principal office of the limited liability company is:

Street address:
217 S. Cedar Ave.
Tampa, Florida 33606

Mailing Address:
217 S. Cedar Ave.
Tampa, Florida 33606

ARTICLE III-Registered Agent

The name and the Florida street address for the registered agent of the limited liability company is:

Lisa H. Wilkerson, Esq.
1700 South MacDill Avenue, Suite 200
Tampa, Florida 33629

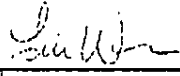
ARTICLE IV-Management

The name and address of each person authorized to manage and control the limited liability company is:

W. Greg Wilkerson, II
217 S. Cedar Ave.
Tampa, Florida 33606

Kimberly A. Hendee
217 S. Cedar Ave.
Tampa, Florida 33606

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act this 1st day of June, 2026.

By: 
Signature of Member or authorized representative of a member

In accordance with Section 605.0205(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

2026 JUN -2 PM 1:33
STATE OF FLORIDA
TALLAHASSEE, FLORIDA
F.L.C.D.

(((H26000231833 3)))

((H26000231833 3)))

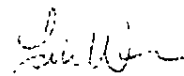
REGISTERED AGENT

ACCEPTANCE OF DESIGNATION

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, the undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of the duties, and the undersigned is familiar with and accepts the obligations of the position as registered agent as provided for in Chapter 605, Florida Statutes.

REGISTERED AGENT:

Lisa H. Wilkerson, Esq.

By: 
Name: Lisa H. Wilkerson

1700 South MacDill Avenue
Suite 200
Tampa, Florida 33629

FILED
2026 JUN -2 PM 1:34
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

((H26000233133 3)))

#25001728v1