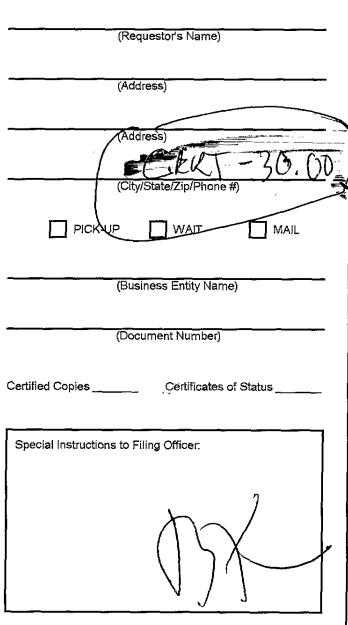
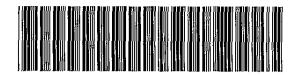
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SECRETARY OF STATE





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CORPORATION NAME (S) AND DOCUMENT NUMBER

SCSF SLN, LLC

ocor ocri, and	
Filing Evidence ☑ Plain/Confirmation Copy	Type of Document y □ Certificate of Status
☐ Certified Copy	□ Certificate of Good Standing
	□ Articles Only
Retrieval Request Photocopy Certified Copy	 □ All Charter Documents to Include Articles & Amendments □ Fictitious Name Certificate □ Other
NEW FILINGS	AMENDMENTS

<u> </u>	NEW FILINGS
	Profit
<u> </u>	Non Profit
x	Limited Liability
	Domestication
	Other

AMENDMENTS
Amendment
 Resignation of RA Officer/Director
Change of Registered Agent
Dissolution/Withdrawal
Merger

OTHER FILINGS				
Annual Reports				
	Fictitious Name			
	Name Reservation			
	Reinstatement			

REGISTRATION/QUALIFICATION
Foreign
Limited Liability
Reinstatement
Trademark
Other

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

7	SCSF SLN, LLC PS						
£.	(Name of foreign limited liability company)						
2.	SCSF SLN, LLC (Name of foreign limited liability company) Delaware 3. 20-1476838 (Jurisdiction under the law of which foreign limited liability company is organized) August 10, 2004 (Date of Organization) (Date of Organization) (Date of Organization) (Date of Organization)						
4.	August 10, 2004 (Date of Organization) 5. Perpetual (Duration: Year limited liability company will constant exist or "perpetual")						
6.	August 10, 2004 (Date first transacted business in Florida (See sections 608.501, 608.502, and 817.155, F.S.)						
7.	5200 Town Center Circle, Suite 470						
	Boca Raton, FL 33486						
	(Succet address of principal office)						
8.	If limited liability company is a manager-managed company, check here						
9.	The name and usual business addresses of the managing members or managers are as follows:						
	Michael J. McConvery						
5200 Town Center Circle, Suite 470							
	Boca Raton, FL 33486						
10	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under eath of the translator must be submitted.)						
11	. Nature of business or purposes to be conducted or promoted in Florida;						
	Holding company.						
	Mrchal Moonvey						
	Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution offices document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)						
	Michael J. McConvery						

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name	e of the Limited L	iability Comp	any is:	
SCSF SLN, L	LLC			
2. The name	e and the Florida	street address	of the registered agent and office are:	
	C T Corporation	оп System		
			(Name)	
		ne Island Road		
	F	lorida street addi	ress (P.O. Box <u>NOT</u> ACCEPTABLE)	· · ,-
	Plantation		FL 33324	
		(C	ity/State/Zip)	
liability compregistered ago statutes relati accept the obl CT Colporation	pany at the place of ent and agree to d ing to the proper of ligations of my po on system	lesignated in the capa and complete position as registed.	to accept service of process for the above his certificate, I hereby accept the apporacty. I further agree to comply with the performance of my duties, and I am fam tered agent as provided for in Chapter	intment as provisions of all iliar with and
B	everice Stus	ary		
		\$ 100.00 \$ 25.00 \$ 30.00	Filing Fee for Application Designation of Registered Agent Certified Copy (optional)	

\$ 5.00 Certificate of Status (optional)

PAGE: 1

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SCSF SLN, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SIXTH DAY OF OCTOBER, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SCSF SLM, LLC" WAS FORMED ON THE TENTH DAY OF AUGUST, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

Varriet Smith Hindson
Harrier Spring Mindson Special Top Starg 22 582

DATE: 10-26-04

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