# MU5000000451

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Eddiness Endly Manne)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

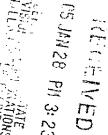
Office Use Only



100045346231

\_U1/31/95---B1001---004 \*\*125.00







UCC FILING & SEARCH SERVICES, INC. 526 East Park Avenue Tallahassee, Florida 32301 (850) 681-6528

**HOLD** FOR PICKUP BY **UCC SERVICES** OFFICE USE ONLY

PILING & SEARCH SERVICES	CC	PRPORATION NAME (S) AND DOCUM	January 28, 2005  1ENT NUMBER (\$			
SCSF ALSCO, LLC			To the second			
Filing Evidence  ☑ Plain/Confirmation Copy		Type of Docume  ☐ Certificate of Star	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~			
☐ Certified Copy		☐ Certificate of Good Standing				
		□ Articles Only				
Retrieval Request  Photocopy  Certified Copy		□ All Charter Docu Articles & Amen □ Fictitious Name ©	dments			
NEW FILINGS		AMENDMENTS				
Profit		Amendment				
Non Profit		Resignation of RA Officer/Director				
Limited Liability		Change of Registered Agent				
Domestication		Dissolution/Withdrawal				
Other		Merger				
OTHER FILINGS		REGISTRATION/QUALIFICATION				
Annual Reports		Foreign				
Fictitious Name	X	X Limited Liability				
Name Reservation		Reinstatement				
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 LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	(Name of foreign	ı lin	nited liability company)	00
Delaware		2	20-2173244 P.S	9
(Jurisdiction under the l	aw of which foreign limited liability any is organized)		(FEI number, if applicable)	
January 7, 2005		5.	Perpetual	35
(Date of Organization)	Organization)		(Duration: Year limited liability company will exist or "perpetual")	ccase to
January 7, 2005			•	7
(Date fi	rst transacted business in Florida. (S	oc s	ections 608.501, 608.502, and 817.155, F.S.)	
5200 Town Center C	Circle, Suite 470			
Boca Raton, FL 33		TE C	f principal office)	
	•			
If limited liability of	company is a manager-manage	đ c	ompany, check here 🔽	
The name and usus	al business addresses of the ma	mei	ging members or managers are as follows:	•
Michael J. McConve			•	,
MIRCHARK T MICTAINSM	PP7			
5200 Town Center				
5200 Town Center	Circle, Suite 470			
	Circle, Suite 470			
5200 Town Center	Circle, Suite 470			
Boca Raton, FL 33	Circle, Suite 470	~~~		. 1 0
Boca Raton, FL 33  Attached is an original	Circle, Suite 470 488 certificate of existence, no more than		ays old, duly authenticated by the official having ox	
5200 Town Center  Boca Platon, FL 33  Attached is an original the jurisdiction under fi	Circle, Suite 470 488 certificate of existence, no more than	OX	copy is not acceptable. If the certificate is in a foreign	
5200 Town Center  Boca Flaton, FL 33  Attached is an original the jurisdiction under 6 translation of the centification of the centific	Circle, Suite 470 486  certificate of existence, no more than the law of which it is organized. (A place to under eath of the translator must	otox be s	copy is not acceptable. If the certificate is in a foreign climitted)	
5200 Town Center  Boca Flaton, FL 33  Attached is an original the jurisdiction under 6 translation of the centification of the centific	Circle, Suite 470 486 certificate of existence, no more than the law of which it is organized. (A ph	otox be s	copy is not acceptable. If the certificate is in a foreign climitted)	
5200 Town Center  Boca Flaton, FL 33  Attached is an original the jurisdiction under 6 translation of the centification of the centific	Circle, Suite 470 486  certificate of existence, no more than the law of which it is organized. (A place to under eath of the translator must	otox be s	copy is not acceptable. If the certificate is in a foreign climitted)	
5200 Town Center  Boca Flaton, FL 33  Attached is an original the jurisdiction under fit translation of the certification.  Nature of busines	Circle, Suite 470 486  certificate of existence, no more than the law of which it is organized. (A place to under eath of the translator must	otox bes or j	copy is not acceptable. If the certificate is in a foreign climitted)	
5200 Town Center  Boca Flaton, FL 33  Attached is an original the jurisdiction under fit translation of the certification.  Nature of busines	Circle, Suite 470  486  certificate of existence, no more than the law of which it is organized. (A phicate under oath of the translator must sor purposes to be conducted.  Signature of a member or air-	otox bes or;	copy is not acceptable. If the certificate is in a fireign circuited)  promoted in Florida:  Welly  norized representative of a member.	
5200 Town Center  Boca Flaton, FL 33  Attached is an original the jurisdiction under fit translation of the certification.  Nature of busines	Circle, Suite 470  486  certificate of existence, no more than the law of which it is organized. (A phicate under oath of the translator must sor purposes to be conducted.  Signature of a member or air- (In accordance with section 608.408(3))	otox bes or; O?	copy is not acceptable. If the certificate is in a fireign circuited.)  promoted in Florida:  Welly  norized representative of a member.	
5200 Town Center  Boca Flaton, FL 33  Attached is an original the jurisdiction under fit translation of the certification.  Nature of busines	Circle, Suite 470  486  certificate of existence, no more than the law of which it is organized. (A phicate under oath of the translator must sor purposes to be conducted.  Signature of a member or air-	otox bes or; O?	copy is not acceptable. If the certificate is in a fireign circuited.)  promoted in Florida:  Welly  norized representative of a member.	

### 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 of the Limited	i Liability Compa	any is:
SCSF ALSCO, LLC	· · · · · · · · · · · · · · · · · · ·	·
2. The name and the Florid	a street address (	of the registered agent and office are:
C T Corpor	ation System	
		(Name)
1200 South	Pine Island Road	
	Florida street add	ress (P.O. Box <u>NOT</u> ACCEPTABLE)
Plantation		FL. 33324
<del></del>	(C	lty/State/Zip)
tiability company at the place registered agent and agree statutes relating to the propaccept the obligations of my CT Corporation System  By:	te designated in the act in this cape or and complete prosition as regis	to accept service of process for the above stated limited this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S.
. (Signat		FVERIST Stuewe
	\$ 100.00 \$ 25.00 \$ 30.00 \$ 5.00	Filing Fee for Application Designation of Registered Agent Certified Copy (optional) 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 ALSCO, 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-EIGHTH DAY OF JANUARY, A.D. 2005.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SCSF ALSCO, LLC" WAS FORMED ON THE SEVENTH DAY OF JANUARY, A.D. 2005.

3909521 8300

050071487

Warriet Smith Hindson

TANTHEMPTCASTOW: 0 362 7318

DATE: 01-28-05