

MO700000702

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

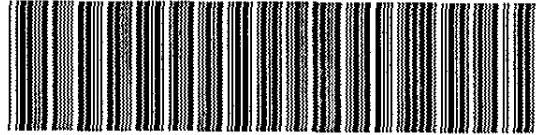
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Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2006-52914

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 7, 2006

SHANNON MICHAEL  
P.O. BOX 4152  
DEERFIELD BEACH, FL 33442

SUBJECT: SCC PROFESSIONAL SERVICE, LLC  
Ref. Number: W06000052914

2001 FEB - 2 3:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

We have received your document for SCC PROFESSIONAL SERVICE, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper, that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt  
Document Specialist

Letter Number: 906A00070115



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 21, 2006

SHANNON MICHAEL  
194 LOCK RD  
DEERFIELD BEACH, FL 33442

SUBJECT: SCC PROFESSIONAL SERVICE, LLC  
Ref. Number: W06000052914

2007 FEB - 2 PM 3:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

We have received your document for SCC PROFESSIONAL SERVICE, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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Agnes Lunt  
Document Specialist

Letter Number: 906A00070115

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SCC PROFESSIONAL SERVICES, LLC  
(Name of Limited Liability Company)

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

SHANNON MICHAEL

(Name of Person)

(Firm/Company)

PO BOX 4152

(Address)

DEERFIELD BEACH, FL 33442

(City/State and Zip Code)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

For further information concerning this matter, please call:

SHANNON MICHAEL

(Name of Person)

at ( 954 ) 317.3840

(Area Code & Daytime Telephone Number)

**MAILING ADDRESS:**

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☐ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

**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:*

1. SCC PROFESSIONAL SERVICES, LLC  
(Name of Foreign Limited Liability Company)
2. DELEWARE 3. 20-5970050  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. 11/30/2006 5. \_\_\_\_\_  
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. 01/01/2007  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. PO BOX 4152 4720 NW 2nd Ave #101  
DEERFIELD BEACH, FL 33442 Boca Raton, FL  
(Street Address of Principal Office)

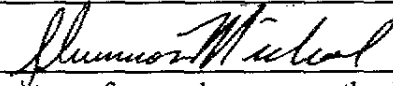
8. If limited liability company is a manager-managed company, check here ☐
9. The name and usual business addresses of the managing members or managers are as follows:

PO BOX 4152 4720 NW 2nd Ave #101  
DEERFIELD BEACH, FL 33442 Boca Raton, FL 33431

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 oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: \_\_\_\_\_

CONSULTING AND PROFESSIONAL SERVICES

  
\_\_\_\_\_  
Signature of a member or an authorized representative of a member.  
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

SHANNON MICHAEL

\_\_\_\_\_  
Typed or printed name of signee

FILED  
2001 FEB 2 P 3:5  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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 Liability Company is:

**SCC PROFESSIONAL SERVICES, LLC**

2. The name and the Florida street address of the registered agent and office are:

**SHANNON MICHAEL**

(Name)

**4720 NW 2ND AVE UNIT D101**

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

**BOCA RATON**

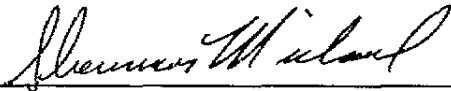
**FL 33431**

City/State/Zip

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

*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 608, Florida Statutes.*



(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

# Delaware

PAGE 1

*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SCC PROFESSIONAL SERVICES 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-NINTH DAY OF JANUARY, A.D. 2007.

4259164 8300

070089289



*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5388786

DATE: 01-29-07