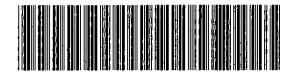
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
·
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
A. LUNT
JUN 17 2008
EXAMINER
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# **COVER LETTER**

	gistration Sec ision of Corp						
SUBJECT:	SL	IDE N' GO, LLC					,
		(Name of Limit	ed Liability Compa	nny)		<del></del> -	
The enclosed	Articles of 0	Organization and fee(s) are	submitted for filing	<b>3</b> .			
Please return	all correspon	ndence concerning this mat	ter to the following	:			
		Damir Jurisic					
			(Name of Person)				_
		Slide N' Go, LLC	}				
			(Firm/Company)				_
		1295 Sea Bay F	Road		TAL		
			(Address)		A P	NIC O	-
		Weston, Florida	,33326		ASS	=	9
		(Cit	y/State and Zip Code	)	Li, C	ס ה	_[1
For further in	nformation co	oncerning this matter, pleas	e call:			7 · 15	E
Damir J	Jurisic		_ <sub>at (</sub> 954	445-464	7		
	(Name o	f Person)	(Area Cod	e & Daytime Tele	phone Number)		
Enclosed is	a check for	the following amount:					
<b>√</b> \$125.00 Fi	iling Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filin Certified Cop (additional copy	ру	\$160.00 Filit Certificate of Certified Co (additional cop	of Status &	
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrati Division Clifton B 2661 Exe	ourier Address on Section of Corporations uilding ecutive Center C ee, FL 32301			

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
SLIDE N' GO	
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1295 Sea Bay Road	1295 Sea Bay Road
Weston, Florida 33326	Weston, Florida 33326
Florida street add	egistered agent are:  Sisic  Bay Road  ress (P.O. Box NOT acceptable)
Weston, Florida 3332	<u> </u>
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	accept service of process for the above stated limited his certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S

(CONTINUED)
Page 1 of 2

### ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

MGR		Valentina Mayz
		1295 Sea Bay Road
		Weston, Florida
<del>_</del>		₹ Zo
		SE T
	<del></del>	<u></u>
(Use attachmen	t if necessary)	
LE V: Effective	date, if other than the	he date of filing: <u>07/01/2008</u> . (OPTION.
ffective date is li	sted, the date must	be specific and cannot be more than five business da
days after the o	late of filing.)	
DECLIEBED OF	IGNATURE:	

Damir Jurisic

Typed or printed name of signee

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

### Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

that the facts stated herein are true.)

\$ 5.00 Certificate of Status (Optional)