

L06000017053

Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

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.

(((H01000104551 6)))

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) 205-0383

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

ALI

LIMITED LIABILITY COMPANY**SLA, LLC**

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 03 |
| Estimated Charge | \$155.00 |

RECEIVED
01 OCT -4 PM 12:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION

OF

SLA, LLC

These Articles of Organization of a Limited Liability Company under Florida Statutes Chapter 608 are made and entered into as of the 28th day of September, 2001.

ARTICLE I

Name: The name of the limited liability company is:

SLA, LLC

ARTICLE II

Duration: The company shall have a duration of ninety nine (99) years from the date hereof, unless earlier terminated in accordance with Florida Statutes Chapter 608.

ARTICLE III

Address: The address of the company principal office and mailing address shall be:

**2333 PONCE DE LEON BLVD. #308
CORAL GABLES, FL. 33134**

ARTICLE IV

Register Agent and Address: The name and address of the initial register agent is:

**ANGEL D. CORDOVA
780 N.W. 42 AVE. #416
MIAMI, FL. 33126**

ARTICLE V

New Members: The members may admit new members upon agreement of the members upon terms determined hereafter by the members.

ARTICLE VI

Continuation: Upon occurrence of an event listed in Florida Statute 608.407 (1) (f), the then existing and/or non-bankrupt members may continue the business of the company, if all agree to do so.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT -4

Page 2

ARTICLE VII

Management: The company shall be managed by its designated managers until the first annual meeting of the members or until a successor is elected and qualifies. The designated managers name and address is as follows:

OPERATING MANAGER Simone Elie Kfoury 2333 Ponce de Leon Blvd. Coral Gables, FL 33134
VICE OPERATING MANAGER Simone Elie Kfoury 2333 Ponce de Leon Blvd. Coral Gables, FL 33134

ARTICLE VIII

Powers: This company shall have powers listed in Florida Statute 608.404.

ARTICLE IX

Transferability: No member may transfer his, her or its interest in the company without the consent of the other members.

ARTICLE X

Regulations: The members shall have the power to adopt, alter, amend, or repeal regulations of the Company containing provisions for the regulations and management of the affairs of the company.

ARTICLE XI

Arbitration: Dispute among members shall be settled by arbitration in Miami, Florida, pursuant to the rules and procedures of the American Arbitration Association.

The undersigned, being the initial subscriber of these Articles of Organization, for the purpose of forming a limited liability company, do make, subscribe, acknowledge, and file these Articles of Organization hereby declaring and certifying that the articles herein stated

X

SIMONE ELIE KFOURY
MEMBER

I HEREBY CERTIFY on this day before me, appeared Simone Elie Kfoury who did take an oath and acknowledged that they executed these Articles of Organization for the purposes herein expressed.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal on this 28th day of September, 2001.



Miriam Pastor
My Commission CC855509
Expires August 26, 2003

Miriam Pastor
MIRIAM PASTOR
NOTARY PUBLIC, State of 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 IN
DESIGNATION THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA**

1. The name of the limited liability company is:

SLA, LLC

2. The name and address of the registered agent and office is:

**ANGEL D. CORDOVA
780 N.W. 42 AVE. #416
MIAMI, FL 33126**

Having been named as registered agent and to accept services 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.

Dated as of this 28th day of September, 2001.

Signed by:



**ANGEL D. CORDOVA
REGISTERED AGENT**

FILED
01 OCT -4
TALLAHASSEE, FLORIDA
SECRETARY OF STATE