

L04000040311

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

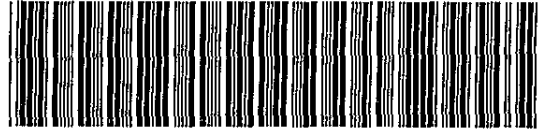
(Business Entity Name)

(Document Number)

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

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2004 MAY 21 PM 4:59  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

J. BRYAN MAY 28 2004

LAW OFFICES OF  
RONALD L. DAVIS, P.A.

SUITE 200  
KISLAK BANK BUILDING  
1550 N.E. MIAMI GARDENS DRIVE  
NORTH MIAMI BEACH, FLORIDA 33179

TELEPHONE (305) 940-2352

FAX (305) 940-2134

May 19, 2004

Corporate Records Bureau  
Division of Corporations  
Dept. of State  
P.O. Box #6327  
Tallahassee, Florida 32301

RE: S & L TECHNOLOGY LLC.

Dear Sir,

Please find enclosed the original and one copy of the Articles of Incorporation for the above newly formed Florida Corporation to be filed in your office.

I am also enclosing my Trust Account Check in the sum of \$155.00 to cover the cost of filing and request the return of a certified copy of the filing with your office.

Thanking you for your usual cooperation, I remain,

Very truly yours,

  
RONALD L. DAVIS, P.A.

RLD/cad  
enc.

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company

S & L TECHNOLOGY, LLC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

410 N.E. 129TH STREET  
NORTH MIAMI, FLORIDA 33161

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

RONALD L. DAVIS, ESQ.

Name

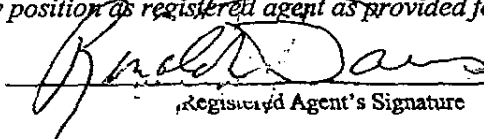
1550 N.E. MIAMI GARDENS DRIVE

Florida street address (P.O. Box **NOT** acceptable)

NORTH MIAMI BEACH, FLORIDA 33179

City, State, and Zip

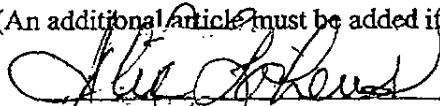
*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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, F.S.*

  
\_\_\_\_\_  
Registered Agent's Signature

**Article IV - Management (Check box if applicable.)**

- ☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

  
\_\_\_\_\_  
Signature of member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

ALIX LAHENS

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

**Filing Fees:**

\$100.00 Filing Fee for Articles of Organization  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (Optional)  
\$ 5.00 Certificate of Status (Optional)

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CLERK OF CORPORATIONS  
TALLAHASSEE, FLORIDA