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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

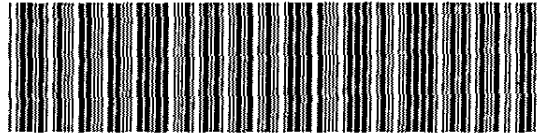
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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207/07/04

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DIVISION OF CORPORATIONS
04 JUN 30 PM 1:28

SLS PC LLC
10045 Cherry Hills Avenue Cir.
Bradenton, FL 34202-4056
Tel 1-941-355-5953
Fax 1-941-355-7148

June 28, 2004

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

To Whom It May Concern:

Enclosed please find the requested information:

1. Susan L. Schuchat
10045 Cherry Hills Avenue Cir.
Bradenton, FL 34202
Tel 1-941-355-5953
2. Articles of Organization for Florida Limited Liability Company
3. Check \$ 160.00
 - a. \$100.00 Filing Fee for Articles of Organization
 - b. \$ 25.00 Designation of Registered Agent
 - c. \$ 30.00 Certified Copy
 - d. \$ 5.00 Certificate of Status
4. Transmittal Letter

Should you have any other questions or need any additional information please let me know. Thank you.

Respectfully,

Susan L. Schuchat

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SLS PC LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Susan L Schuchat
(Name of Person)

(Firm/Company)

10045 Cherry Hills Ave Cir
(Address)

Bradenton FL 34202
(City/State and Zip Code)

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For further information concerning this matter, please call:

Susan Schuchat at (941) 355-5953
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

SLS PC LLC

ARTICLE II - Address:

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

Principal Office Address:

10045 Cherry Hills Ave Cir
Bradenton FL 34202

Mailing Address:

10045 Cherry Hills Ave Cir
Bradenton FL 34202

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

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

Susan L Schuchat
Name

10045 Cherry Hills Ave Cir
Florida street address (P.O. Box **NOT** acceptable)

Bradenton FLORIDA 34202
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, Florida Statutes..

Susan L Schuchat
Registered Agent's Signature

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM Susan L. Schuchat
 10045 Cherry Hills Ave Cir
 Bradenton FL 34202

(Use attachment if necessary)

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NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Susan L. Schuchat
Signature of a 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.)

Susan L. Schuchat
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)