L04000051371

07/09/2004 16:23 CCRS 2050383 NO.41 01

Florida Department of State
Division of Corporations
Public Access System

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.

(((H04000142986 3)))

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 : CORPDIRECT AGENTS, INC.
Account Number : 110460000714
Phone : (850)222-1173
Fax Number : (850)224-1640

0150-27943

RECEIVED
04 JUL 12 AM 8:28
DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

SLQP, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	$155.00

Electronic Filing Menu Corporate Filing Public Access Help

L07/12/04

FILED
04 JUL -9 AM 10:53
SECRETARY OF STATE
DIVISION OF CORPORATIONS

7/9/2004 4:23:10 PM

H04000142986 3

ARTICLES OF ORGANIZATION

FOR

SLQP, LLC

ARTICLE I - NAME:

The name of this Limited Liability Company ("Company") shall be:

SLQP, LLC

ARTICLE II - ADDRESS

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

c/o Jacob I. Sopher

425 East 61st Street

New York, NY 10021

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUL -9 AM 10:53

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

Signature of a Member Representative

H04000142986 3

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: **SLQP, LLC**

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

CORPDIRECT AGENTS, INC.
103 North Meridian Street
Lower Level
Tallahassee, FL 32301

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.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2004 JUL -9 AM 10:53

By: Patricia Todlock, Asst. Sec.
CORPDIRECT AGENTS, INC.
PRINT NAME: Patricia Todlock

H04000142986 3