

L04000092881

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(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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acknowledgement DCC

W. P. Verifier DCC



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11/24/04--01035--014 \*\*130.00

Re info  
mem. sign.

2004 NOV 23 A 10:15  
FBI - NEW YORK

11/24/04

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SLK 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:

Kimberly Buck

(Name of Person)

SLK LLC

(Firm/Company)

13469 Fountainview Blvd.

(Address)

Wellington Fl. 33414

(City/State and Zip Code)

For further information concerning this matter, please call:

Kimberly Buck

(Name of Person)

at ( 561 ) 632-7663

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**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

1201 DEC 23 AID  
SECRET  
FILING



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

December 6, 2004

KIMBERLY BUCK  
SLK LLC  
13469 FOUNTAINVIEW BLVD  
WELLINGTON, FL 33414

SUBJECT: SLK LLC  
Ref. Number: W04000044408

We have received your document for SLK LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Diane Cushing  
Document Specialist

Letter Number: 604A00068176

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

SLK LLC

### ARTICLE II - Address:

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

#### Principal Office Address:

Kimberly Buck

#### Mailing Address:

13469 Fountainview Blvd

Wellington, FL 33414

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

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

Kimberly Buck  
Name

13469 Fountainview Blvd  
Florida street address (P.O. Box **NOT** acceptable)

Wellington FL 33414  
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..*

K a Buck  
Registered Agent's Signature

(CONTINUED)

**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

Kimberly Buck

13469 Fountainview Blvd

Wellington, Fl. 33414

MGRM

Lawrence Jensen

13300 Running Water Rd.

Palm Beach Gardens, Fl. 33418

MGRM

Sandra Harmon

14784 Farrier Place

Wellington, Fl. 33414

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

**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.)

Kimberly Buck

Typed or printed name of signer

**Filing Fees:**

**\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**