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(Re	questor's Name)	
(Ad	dress)	<u> </u>
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(Cít	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	





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SOLOMON, GINSBERG AND VIGH, P.A. ATTORNEYS AT LAW

1702 N. FLORIDA AVENUE TAMPA, FLORIDA 33602-2230

PLEASE REPLY TO:

TAMPA, FLORIDA 33601-3275

OUR FAX NO. (813) 229-3335

info@solomonandginsberg.com FEDERAL EIN #59-1434643

POST OFFICE BOX 3275

(813) 229-0115

OUR FILE NO. 90-05-1129

MARVIN SOLOMON ELIOT H. GINSBERG ROBERT A. VIGH ALISON V. WALTERS JAMAL JOHNSON

May 6, 2005

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

Re: Articles of Organization for SJL INVESTMENTS, L.L.C.

Dear Clerk:

Please find enclosed for processing the following information:

- 1. The original and one copy of the Articles of Organization
- 2. A self addressed postage pre-paid envelope to return the certificate of status, and
- 3. A check in the amount of \$130.00 to cover the cost of the filing fee, registered agent fee and certificate of status fee.

If you have any questions, please do not hesitate to contact me at my cell-phone number (813)

Sincerely,

enclosures as stated

ARTICLES OF ORGANIZATION

SJL INVESTMENTS, L.L.C.

A LIMITED LIABILITY COMPANY

(Pursuant to Chapter 608, Florida Statutes)

- 1. Name. The name of the limited liability company is SJL INVESTMENTS, L.L.C..
- 2. <u>Purpose.</u> The purpose of this limited liability company may include the transaction of any and all lawful business for which limited liability companies may be organized in the state of Florida.
- 3. Address of Principal Office. The street address of the principal office of inclimited liability company is:
- 4. Mailing Address. The mailing address of the limited liability company is:
 P.O. BOX 181, VALRICO, FLORIDA 33595-0181
- 5. <u>Management.</u> The limited liability company is to be managed by one or more members and is, therefore, a member-managed company.
- 6. Registered Agent, Registered Office, and Registered Agents Signature. The name and the Florida street address of the registered agent is:

ROBERT A. VIGH 1722 WAKEFIELD DR. BRANDON, FLORIDA, 33511

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 provisional 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.

TOWERT A. VICH

7. **Effective Date.** The effective date of the limited liability company shall be the date of filing unless otherwise stated below:

SCOTT COUGHLIN

Member

(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 and correct.)

SECRETARY OF STATE