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(Req	uestor's Name)		
bbA)	ress)		
(Add	ress)		
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates	of Status	
Special Instructions to Fi	ling Officer:		

Office Use Only



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Fictitious Name

Reinstatement

Name Reservation

UCC FILING & SEARCH SERVICES, INC. 526 East Park Avenue Tallahassee, Florida 32301 (850) 681-6528

**HOLD** FOR PICKUP BY **UCC SERVICES** OFFICE USE ONLY

May	23,	2005
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Marie	Slaven, LLC		35 1 2 2 3 A
	Filing Evidence  □ Plain/Confirmation Copy	Type of Docume  ☐ Certificate of Sta	
	☑ Certified Copy	□ Certificate of Go	od Standing
		□ Articles Only	
	Retrieval Request  Photocopy  Certified Copy	□ All Charter Docu Articles & Amen □ Fictitious Name (	dments
	NEW FILINGS	AMENDMENTS	
	Profit	Amendment	
	Non Profit	Resignation of RA Officer/Director	
X	Limited Liability	Change of Registered Agent	
	Domestication	Dissolution/Withdrawal	•
	Other	Merger	
	OTHER FILINGS	REGISTRATION/QUALIFICATION	
	Annual Reports	Foreign	

Limited Liability

Reinstatement

Trademark

Other

## ARTICLE I - Name: The name of the Limited Liability Company is: Marie Slaven, LLC ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: 17518 Foxborough Lane Boca Raton, FL 33496 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

Name

17518 Foxborough Lane
Florida street address (P.O. Box NOT acceptable)

Boca Raton, FL 33496
FL
City, State, and Zip

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

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

(CONTINUED)

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

Title:

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

Name and Address:

"MGR" = Manager "MGRM" = Managing Member	·
MGR M	Marie Slaven
	17518 Foxborough Lane
	Boca Raton, FL 33496
MGRM	SEYMOUR SLAVEH
٠ ;	17518 Foxborough lane
	Boea Raton, FL 33496
	Lessyson Marker
(Use attachment if necessary)	
NOTE: An additional article must	be added if an effective date is requested.
REQUIRED SIGNATURE:	ly Slavey
A	Hy Sw
Signature of a membe	r or an authorized representative of a member.

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)

(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.)

MARIE. Y. SLAVEN

Typed or printed name of signee