

Sent By: Gilligan, King, Gooding;
Division of Corporations

352 867 023

Oct-25-05 8:35AM

Page 1/2

Page 1 of 1

L05000104900

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.

((H05000250748 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 : GILLIGAN, KING & GOODING, P.A.
Account Number : I20010000016
Phone : (352) 867-7707
Fax Number : (352) 867-0237

RECEIVED

05 OCT 25 AM 9:39

DIVISION OF CORPORATION

L05-104900
LIMITED LIABILITY COMPANY

GH&G Slater, LLC

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$125.00 |

SECRETARY OF STATE
TALLAHASSEE FLORIDA

05 OCT 25 PM 3:44

FILED

Electronic Filing Menu

Corporate Filing

Public Access Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: GH&G Slater, LLC

ARTICLE II - Address

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

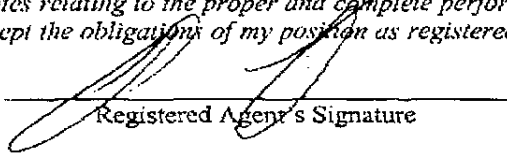
1399 Church Street
Decatur GA 30030

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

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

Name: W. James Gooding III, Esquire
Florida street address: 1531 SE 36th Avenue
City, State, and Zip: Ocala, Florida 34471

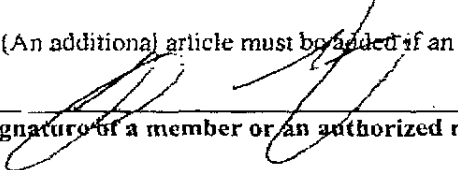
Having been named as registered agent and to accept service of process for the above stated limited liability company, at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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

Article IV - Management (Check box if applicable.)

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)


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.)

W. James Gooding III, Esquire as authorized representative of a member
Typed or printed name of signee

FILED
05 OCT 25 PM 3:44
SECRETARY OF STATE
TALLAHASSEE FLORIDA