# L05000113498

(Re	questor's Name	)
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	ime)
(Do	cument Number	)
Certified Coples	_ Certificate	es of Status
Special Instructions to	Filing Officer:	The state of the s
11/9	. –	
WHO 515	+3-	

Office Use Only



800061083878



SECRED STATE

S NOV - O DW IS



# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: SZ & Y ZZC.  (Name of Limited Liability Company)
(Came of Lands) and Lands,
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Lyuba V Young (Name of Person)
College, Tax S Retirement Strategies, LC
(Firm/Company)
3118 Spring blen Kol #111
lacktriangle
Tacksonvi" We FL 32207 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Lyuba Young at 904 396-6777  (Name of Person) (Area Code & Daytime Telephone Number)
$\mathcal J$
Enclosed is a check for the following amount:
\$125.00 Filing Fee Status Status Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporations P.O. Box 6327  Street/Courier Address Registration Section Division of Corporations Division of Corporations Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301



#### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

November 17, 2005

LYUBA V. YOUNG 3115 SPRING GLEN RD., #111 JACKSONVILLE, FL 32207

SUBJECT: SL&Y, LLC

Ref. Number: W05000051513

We have received your document for SL&Y, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please change any reference to "certificate" in your articles to read "articles of organization". "Limited Partnership" in number 4 needs to be changed and the word "Partners" needs to be removed in number 7.,

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on November 9, 2005. Please amend your document accordingly.

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) 245-6853.

Letter Number: 805A00068131

Leslie Sellers Document Specialist

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	EFFECTIVE INTE
SLRY, LLC  (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,"	<del>,</del> ")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Control of the Lia	Company is:
Principal Office Address:  Mailing Address:	
3708 shawn Grele Orlando, FL 32826	_ _ _
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signat (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or an business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	
College, Tax & Retirement Strategics, Lyuba V. Name Young 3119 Spring blen Kel. Swite 111 Florida street address (P.O. Box NOT acceptable)	110
Lylloa V. Halle Young	
Florida street address (P.O. Box NOT acceptable)	
Tacksonville FL 32207 City, State, and Zip	
Having been named as registered agent and to accept service of process for the above stability company at the place designated in this certificate, I hereby accept the appoint registered agent and agree to act in this capacity. I further agree to comply with the prostatutes relating to the proper and complete performance of my duties, and I am familiar accept the obligations of my position as registered agent as provided for in Chapter Agent's Signature (REQUIRED)	ntment as visions of all p witt <del>r</del> and
	· 30

(CONTINUED)
Page 1 of 2

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

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

MERM	Yuriy PilipenKO 3708 Shawn Circle Orlando, FL 38866
Use attachment if necessary)	

**REQUIRED SIGNATURE:** 

to or 90 days after the date of filing.)

YVRIY PILIPENKO
Signature of a member or an authorized representative of a member.

518 metale of a member of 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.)

Yurty Piliponeso
Typed or printed name of signee

#### 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)

SECULAR OF SIMILE SECULARIES SIMILE

APPECVE FARCULE

# AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FLORIDA LIMITED LIABILITY COMPANY

The undersigned constituting all of the Managing Member of SL&Y, LLC, a Florida Limited Liability Company, certifies:

The amount of capital contributions to date of the limited partners is \$35,000.00

The total amount contributed and anticipated to be contributed by the Limited Partners at this time totals \$35,000.00

Signed this \_\_\_\_\_ day of November 20 05

FURTHER AFFIANT SAYETH NOT.

Under the penalties of perjury I (we) declare that I (we) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

YURIY Pilipenko

Managing Member

SECRETANT NEW STATE

APPHOVED