# 060000 14970

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	:y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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	Office Use Only	CILLA



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## **COVER LETTER**

	gistration Se vision of Co			
SUBJECT:	. S1	im Shady's, LLC		
30202011		(Name of Limite	d Liability Company)	
The enclose	d Articles o	f Organization and fee(s) are s	ubmitted for filing.	
Please retur	n all corresp	ondence concerning this matte	er to the following:	
Br	ad Hill			
		(	Name of Person)	
		(	(Firm/Company)	
14	231 Otte	r Run Road		
			(Address)	
Ta	llahasse	e, FL 32312		IAC SI
		(City	/State and Zip Code)	CR T
For further i	information	concerning this matter, please	call:	NETARY OF STATE PROPERTY OF ST
	Annette	H111	at (850	
	(Name	of Person)	(Area Code & Daytime Te	elephone Number)
Enclosed is	s a check fo	or the following amount:		~~
<b>    \$125.00</b>	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)
		Malling Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Lir	nited Liability Comp	any is:						
Slim Shady	's, LLC							
(Must end with the words	"Limited Liability Compan	y, "Limited	Company"	or their abbreviat	ion "LLC,"	or "L.C.,"	)	
ARTICLE II - Ado	iress:							
The mailing address	and street address o	f the pri	ncipal offi	ce of the Lin	nited Lial	bility C	ompar	ıy is:
Principal Office A	ddress:		Mailing	Address:				
2305 Transmitte	r Road		2305 1	ransmitter	Road			
Panama City, FL	32404	_	Panama	City, FL	32404			
(The Limited Liability Conbusiness entity with an ac	gistered Agent, Reg npany cannot serve as its or tive Florida registration.) lorida street address Annette Hill	wn Registe	red Agent. Y	ou must designat	Agent's (	TAPATHARY OF SIGNATURE SIG	OSFEB 10 PM	
•		Name	<u> </u>		_	202 74.05		
	14231 Otter Run	Road				DA JE	1:58	
•	Florida s	treet addr	ess (P.O. Bo	x NOT accept	able)			
	Tallahassee		FI.	32312				

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..

City, State, and Zip

Registered Agent's Signature (REQUIRED)

(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:

"MGR" = Manager "MGRM" = Managing Member	<del></del>
MGRM	Michael T. Jones
	3665 Oakbrook Lane Panama City Beach, FL 32407
MGR	Bradley E. Hill
	14231 Otter Run Road Tallahassee, FL 32312
	≥ vs =
	ECRE
	SSET Y
(Use attachment if necessary)	PH C
TCLE V: Effective date, if other than the effective date is listed, the date must	ne date of filing: (PTIONAL be specific and cannot be more than five business days
90 days after the date of filing.)	
REQUIRED SIGNATURE:	1657/L
Signature of a mem	ber or an authorized representative of a member.

Bradley E. Hill

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)