

**LD6000083615**

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.

((H06000212261 3)))



H060002122613A8CU

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 : ROTHSTEIN, ROSENFELDT, ADLER  
Account Number : 072164000350  
Phone : (954) 522-3456  
Fax Number : (954) 527-8663

**RECEIVED**  
8/22/06

*SBM*

**FLORIDA/FOREIGN LIMITED LIABILITY CO**

Slim's Production, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

**RECEIVED**

06 AUG 23 PM 4:15

DIVISION OF CORPORATION

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 AUG 23 AM 9:29

**FILED**

Electronic Filing Menu

Corporate Filing Menu

Help

08/23/2006

15:52

ROTHSTEIN, ROSENFELD, ET AL → 18502050383

NO.513

002

((H06000212261 3)))

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Slim's Production, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christina M. Kitterman, Esq.

(Name of Person)

Rothstein Rosenfeldt Adler

(Firm/Company)

401 East Las Olas Blvd. Ste. 1650

(Address)

Fort Lauderdale, FL 33301

(City/State and Zip Code)

For further information concerning this matter, please call:

Christina M. Kitterman, Esq.

(Name of Person)

at ( 954 )

522-3456

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$125.00 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  
(additions) copy is enclosed)

**Mailing Address**

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

**Street/Courier Address**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

((H06000212261 3)))

(((H06000212261 3)))

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

08/22/06

Slim's Production, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

**ARTICLE II - Address:**

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

**Principal Office Address:**65 NW 71st StreetMiami, FL 33150**Mailing Address:**65 NW 71st StreetMiami, Florida 33150**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Christina M. Kitterman, Esq.

Name

401 East Las Olas Blvd., Ste. 1650Florida street address (P.O. Box **NOT** acceptable)Fort Lauderdale FL 33301

City, State, and Zip

FILED  
06 AUG 23 AM 9:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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.*

C. Kitterman

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

(((H06000212261 3)))

(((H06000212261 3)))

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**MGRMAndrew Kostas65 NW 71st StreetMiami, Florida 33150MGRMMike Coner15 West Las Olas Blvd.Fort Lauderdale, FL 33301MGRMMike Saladino1216 Washington AvenueMiami, Florida 33139

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 8/22/2006 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

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.)

Christina M. Kitterman, Esq.

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)

(((H06000212261 3)))