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**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**Slam Glam LLC**

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FAX AUDIT # H070000161063

**ARTICLES OF ORGANIZATION  
OF  
Slam Glam LLC**

**ARTICLE I NAME**

The name of the limited liability company shall be: **Slam Glam LLC**

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this Limited Liability Company shall be: 19522 Saturnia lakes Dr., Boca Raton, Florida 33498.

**ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS**

The name and address of the initial registered agent is: Lisa Fabel, 19522 Saturnia Lakes Dr., Boca Raton, Florida 33498. Located in the County of Palm Beach.

**ARTICLE IV DURATION**

The duration for the limited liability company shall be: 12/31/2047.

**ARTICLE V MANAGERS/MEMBERS**

The management of the limited liability company is reserved for the Members and the names and addresses of the members of the Limited Liability Company are:

Lisa Fabel, 19522 Saturnia lakes Dr., Boca Raton, Florida 33498  
Ivy Ackerman, 10324 Willow Oaks Trail, Boynton Beach, Florida 33437



Business Filings Incorporated, Organizer  
Mark Schiff, AVP

Authorized Representative

Prepared by Mark Schiff, Business Filings Incorporated, 8025 Excelsior Dr., Suite 200,  
Madison, WI 53717  
(608) 827-5300

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FAX AUDIT # H0700006661063CERTIFICATE OF DESIGNATION OF REGISTERED  
AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES,  
THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE  
STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN  
DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE  
STATE OF FLORIDA.

The name of the limited liability company is: **Slam Glam LLC**

The name and address of the registered agent and office is Lisa Fabel, 19522 Saturnia  
Lakes Dr. , Boca Raton, Florida 33498. Located in the County of Palm Beach.

Having been named as registered agent and to accept service of process for the above  
stated 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.

Signature: Lisa Fabel

Lisa Fabel

Date: 3/12/07FILED  
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