L07000031380

(5)				
(Requestor's Name)				
(Ad	ldress)	_		
(Address)				
(Cit	ty/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(5)				
(Bu	isiness Entity Nam	е)		
(Do	cument Number)			
Certified Copies	Certificates	of Status		
Cuncial Instructions to	Filing Officers			
Special Instructions to Filing Officer:				





000094189970

03/22/07--01016--017 **130.00

3/19/07:

FILED

07 MAR 22 AM II: 07

SECRETAR OF STATE
ALLOSSEF FLORID.

COVER LETTER

TO: Registration Se Division of Co	ction rporations		
SUBJECT: SL	S Construc (Name of Limited	Hoo LLC.	
The enclosed Articles of	f Organization and fee(s) are so	abmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
	Stev	e Samble Name of Person)	
	SLS Co	nstruction L	LC
	5 6	Firm/Company)	
 	3000	Stilwell Bl (Address)	ud.
	Crestin	ew, Florida	32539
,	(City	/State and Zip Code)	
For further information	concerning this matter, please	call:	
Mary Kilo	de Non	at (<u>850</u>) <u>689</u> - (Area Code & Daytime To	3333 elephone Number)
Enclosed is a check for	or 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 (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addres Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

BEFECTIVE DATE

ARTICLES OF ORGANIZATION FOR FEORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	••	
The name of the Limited Liability Company is	s:	
SLS Construction	on UC	
Must end with the words "Limited Liability Company, "Lim	nited Company" or their abbreviation "LLC," or	r "L.C.,")
ARTICLE II - Address:		
The mailing address and street address of the	principal office of the Limited Liab	ility Company is:
Principal Office Address:	Mailing Address:	
3006 Stillwell Blod	SAME	
Crestuieus, FL 32539		
ARTICLE III - Registered Agent, Registere	ed Office, & Registered Agent's S	ignature:
The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.)	gistered Agent. You must designate an individue	
· - ·		LASS MAR
The name and the Florida street address of the	e registered agent are:	R 22 AM TANY UT HASSEE,
Steve	Samble	SEE P
Nam	ne	
3000 Stillise 17 P	Sheet.	AM II: 07 OF STATE EE, FLORID
Florida street a	address (P.O. Box NOT acceptable)	DA T
Crestview	5 FL 32539	
City. State	e, and Zip	

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 (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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR/Dwner	Steve Samble 3000 Stillwell Blvd Crestview, 9 32539

(Use attachment if necessary)

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.)

Typed or printed name of signee

MAR 22 AH II: 07 CRELARY OF STATE

Filing Fees:

S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)