## 108000030589

(Requestor's Name)							
(Address)							
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(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
·							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
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SECRETARY OF STATE

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## **COVER LETTER**

TO:	Registration S Division of Co			
SUBJI	ECT:	SLAUGHTER FAMILY	, LLC	
			ted Liability Company)	,
The en	closed Articles o	f Organization and fee(s) are	submitted for filing.	
. Please	return all corresp	ondence concerning this mat	tter to the following:	
		STEPHEN BODZIN,		
			(Name of Person)	
		BODZIN & GOLUB,	P.C.	
			(Firm/Company)	
		1156 15th STREET	, N.W., SUITE 329	0
			(Address)	SEC SEC
		WASHINGTON, D.C.	20005	AHAS R 23
		(Cir	ty/State and Zip Code)	SEE O
For fur	ther information	concerning this matter, pleas	e call:	SECRETARY OF STATE FLORIDA
	STEPHEN BOD	ZIN	at ( 202 ) 785-8887	
	(Name	of Person)	(Area Code & Daytime Tele	phone Number)
Enclos	sed is a check fo	or the following amount:		
\$125.	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 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 Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

•		
(Mus	SLAUGHTER FA	MILY, LLC  bility Company, "L.L.C.," or "LLC.")
·		, , , , , , , , , , , , , , , , , , , ,
ARTICLE II - Add		principal office of the Limited Liability Company is:
The manning address	s and street address of the	simelpar office of the Eminted Elability Company is.
Principal Office Ac	ddress:	Mailing Address:
224 WOODLAWN DR	TVP	224 WOODLAWN DRIVE
PANAMA CITY BEA	<del></del>	PANAMA CITY BEACH, FL 32407 FG
business entity with an ac	mpany cannot serve as its own Regetive Florida registration.)  lorida street address of the	PANAMA CITY BEACH, FL 32407 Considered Agent's Signature.  Red Office, & Registered Agent's Signature.  Registered Agent. You must designate an individual or another.  Registered agent are:
-	FOTULA SLAUGHTER	
•	Nam	e 
,	224 WOODLAWN DRIV	E
	Florida street a	ddress (P.O. Box <u>NOT</u> acceptable)
	PANAMA CITY BEACH	FL 32407
		<del> </del>
· -	City, State,	and Zip

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

Title:	Name and Address:		٠
"MGR" = Manager			
"MGRM" = Managing Member		•	
MANAGER	FOTULA SLAUGHTER		
	224 WOODLAWN DRIVE	22427	<del>-</del>
	PANAMA CITY BEACH, FI	L 32407	_
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(Use attachment if necessary)			遥 25
		i.	9 =
CLE V: Effective date, if other than the coeffective date is listed, the date must be	late of filing:	OPTIQ	NAL) =
0 days after the date of filing.)	specific and cannot be more th	ian nve pusmess	
5,			
REQUIRED SIGNATURE:			
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.)

FOTULA SLAUGHTER

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)