

**L080000067057**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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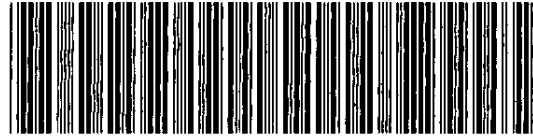
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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08 JUL 10 AM 11:43  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

N. G. G. JUL 11 2008

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SLOAN PROFESSIONAL SERVICES, 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:

BRETT SLOAN II  
(Name of Person)

SLOAN PROFESSIONAL SERVICES, LLC  
(Firm/Company)

929 N SPRING GARDEN AV SUITE 135  
(Address)

DELAND, FLORIDA 32720  
(City/State and Zip Code)

For further information concerning this matter, please call:

BRETT SLOAN at (646) 678-0380  
(Name of Person) (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 (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 Circle  
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION  
OF  
SLOAN PROFESSIONAL SERVICES, LLC

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ARTICLE I: The name of this limited liability company is:

SLOAN PROFESSIONAL SERVICES, LLC

ARTICLE II: The principal mailing and street address is:

929 N Spring Garden Av Suite 135

Deland, Florida 32720

ARTICLE III: The name and address in this state of the limited liability company's initial agent for service of process is:

Brett Sloan II

929 N Spring Garden Av Suite 135

Deland, Florida 32720

*Having been named as the 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

ARTICLE IV:

Managing Member and Director     Brett Sloan II,  
929 N Spring Garden Av Suite 135  
Deland, Florida 32720

Managing Member     George Shierling, CPA,  
929 N Spring Garden Av Suite 135  
Deland, Florida 32720

ARTICLE V:     July 7, 2008

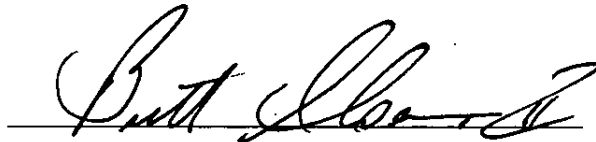


Signature of a member or an authorized representative of a member.  
(In accordance with section 608.408(3), Florida Statutes, the execution  
of this document constitutes an affirmation under the penalties of perjury  
that the facts stated herein are true.)

\_\_\_\_\_  
Brett Sloan II

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IN WITNESS WHEREOF, the undersigned, being all the persons named above as the  
initial directors, have executed these Articles of Organization.



Director's Signature