

L09000004845

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

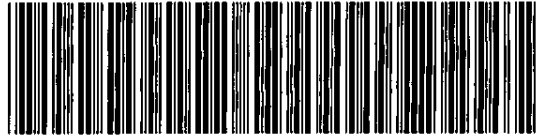
Special Instructions to Filing Officer:

A. LUNT

JAN 15 2008

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TALLAHASSEE, FLORIDA

MyCorporation
An Intuit Company

21215 Burbank Blvd. Ste. 400
Woodland Hills, CA 91367

intuit.

Toll-Free: 888-692-6771 | Direct: 818-436-8225 | FAX: 818-879-8005
E-mail: info@mycorporation.com

ROUTINE SERVICE FILING REQUEST

Monday, December 29, 2008

Division of Corporations
Florida Department of State
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: **SLCCM LLC**

Ladies and Gentlemen:

Please find enclosed for filing Articles of Organization for the above referenced company.

Enclosed is a check in the amount of \$155.00 for filing and for a **certified copy**.

Please return the **certified copy** to the address below.

Thank you for your assistance.

Sincerely,

MyCorporation, an Intuit Company
Attn: Fulfillment Dept.
21215 Burbank Blvd. Ste. 400
Woodland Hills, CA 91367

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TALLAHASSEE, FLORIDA

**Articles of Organization
For
SLCCM LLC
Florida Limited Liability Company**

ARTICLE I - Name:

The name of the Limited Liability Company is SLCCM LLC.

ARTICLE II - Address:

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

2113 Blue Heron Cove Dr
Fleming Island, FL 32003

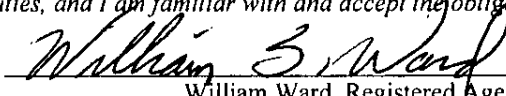
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

William Ward
2113 Blue Heron Cove Dr
Fleming Island, FL 32003

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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.




William Ward, Registered Agent

ARTICLE IV - Management:

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

James Roberts
PO Box 66777, MC S100-9311
Saint Louis, MO 63166



Meghan Record, Organizer