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(Re	equestor's Name)	
(Ad	ldress)	
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	ty/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
	usiness Entity Nar	me)
(Do	ocument Number)	,
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

FEB 1 1 2009

EXAMINER

EFFECTIVE DATE 2/10/09

Office Use Only

COVER LETTER

TO: Registration S Division of Co					
SUBJECT: Eric S	Slaughter "L.L.C	\			
		ted Liability Compa	ny)	·	
The enclosed Articles of	f Organization and fee(s) are	submitted for filing	ζ.		
Please return all corresp	ondence concerning this mat	ter to the following	:		
Eric Slau	ghter				
		(Name of Person)			
Eric Slau	ighter "L.L.C."				
		(Firm/Company)			
2340 Wo	ods Creek Rd			SECR	93 FE
		(Address)		HAN	—— <u>——————————————————————————————————</u>
Perry, Fl				SSEE RY	- AN 10: 34
	(Cit	ty/State and Zip Code)	-E-0	<u> </u>
For further information of	concerning this matter, pleas	e call:		ORIDA	4
Eric Slaughte	er	_at (850)	672-904	19	
(Name	of Person)	(Area Code	e & Daytime Telep	hone Number)	
Enclosed is a check fo	r the following amount:				
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Certified Cop (additional copy	ру	\$160.00 Filing For Certificate of Star Certified Copy (additional copy is en	tus &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Division of Clifton Board Exe	ourier Address on Section of Corporations uilding cutive Center Ci ee, FL 32301	rcle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Eric Slaughter "L.L.C." (Must end with the words "Limite	d Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of	the principal office of the Limited Liability Company
Principal Office Address:	Mailing Address:
2340 Woods Creek Rd Perry, Fl. 32347	2340 Woods Creek Rd Perry, Fl. 32347
	SS -
2340 Woods (Creek Rd reet address (P.O. Box NOT acceptable)
Perry, Fl. 323	
liability company at the place designate registered agent and agree to act in this co statutes relating to the proper and comp	nd to accept service of process for the above stated limited and this certificate, I hereby accept the appointment as apacity. I further agree to comply with the provisions of lete performance of my duties, and I am familiar with and so registered agent as provided for in Chapter 608, F.S
Registered Agent's	Signature (REQUIRED)

EFFECTIVE DATE 2/10/19

(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>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGRM	Eric Slaughter
	2340 Woods Creek Rd.
	Perry, Fl. 32347
	
	
	4
(Use attachment if necessary)	
ADTICLE V. Essenting day is about an al	ne date of filing: 2/10/2009 . (OPTIONAL)
	be specific and cannot be more than five business days prior
to or 90 days after the date of filing.)	
DECLINED CLCLL TUDE	AR ES
<u>REQUIRED</u> SIGNATURE:	ASS
	mo z m
Fix &	(an)
Signature of a mem	ber or an authorized representative of a member.
	section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury
Eric Slaug	

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)

Typed or printed name of signee