

L100000036133

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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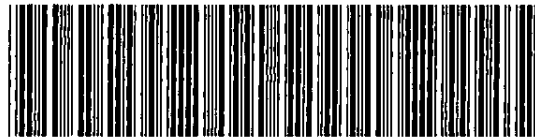
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10 APR - 1 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

APR 5 2010

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Slash Pine, L.L.C.
(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:

James R. Keller, Esq.
(Name of Person)

5800 Overseas Highway, Suite 34
(Address)

Marathon, Florida 33050
(City/State and Zip Code)

For further information concerning this matter, please call:

James R. Keller at (305) 743-0700

Enclosed is a check for the following amount:

_____ \$125.00 Filing Fee X \$130.00 Filing Fee &
Certificate of Status _____ \$155.00 Filing Fee &
Certified Copy ---- \$160 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/CourierAddress
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The Name of the Limited Liability Company is:

Slash Pine, L.L.C. (Must
end with the words "Limited 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 is:

Principal Office Address:

Mailing Address:

468 Blackbeard Road

Post Office Box 431764

Little Torch Key, Florida, 33042

Big Pine Key, Florida, 33043

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

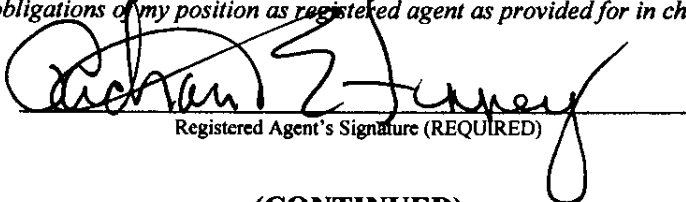
Richard E. Finney
Name

468 Blackbeard Road
Florida street address (P.O. Box NOT acceptable)

Little Torch Key, Florida, 33042
City, State, and Zip

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10 APR - 1 AM 9:56
CLERK OF STATE
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 as provided for in chapter 608.F.S..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV - Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Richard E. Finney

468 Blackbeard Road

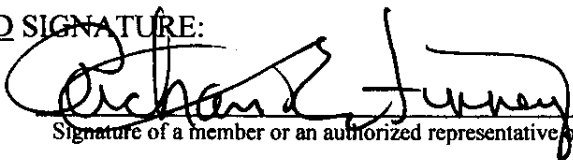
Little Torch Key, Florida 33042

(Use attachment if necessary)

ARTICLE V: Effective date, if other than date of filing: _____.(OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 after the date of filing.)

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.)

Richard E. Finney

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)

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CLERK OF STATE
TALLAHASSEE, FLORIDA