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COVER LETTER

TO: Registration Division of C		•	
SUBJECT:	SLADES PA	AWN LLC.	
	Name of Limit	ed Liability Company	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corre	spondence concerning this mat	ter to the following:	
	DAWN	Grego	
		Name of Person	
		Firm/Company	
Po	Box 456		
· · · · · · · · · · · · · · · · · · ·		Address	
1)	MOORE HAVE	v 71 33471	
	La D. Cir	$\sqrt{71}$ 33471 $\sqrt{2}$ Shop@AoL, Cor	
	TADES PAWN	Shop @ AoL, Cor for future annual report notification)	<u> </u>
For further information	n concerning this matter, pleas	·	
	-		_
DAWN	Grego	at (954) 557 - Area Code & Daytime Telep	5085
Nam	e of Person	Area Code & Daytime Telep	hone 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 Ci Tallahassee, FL 32301	rcle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability C	ompany is:
<u>G</u> LADES	PAWN LLC.
(Must end with the words	"Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address	ess of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
401 US HWY 27 MOORE HAVEN, Florida 33471	Po Box 456 MOORE HAVEN, Florida 33471
	Registered Office, & Registered Agent's Signature: s its own Registered Agent. You must designate an individual or another ion.)
The name and the Florida street add	ress of the registered agent are:
DAWN	Vorego ARAN SEP - FIL
	orida street address (P.O. Box NOT acceptable)
	Venus FL 33960 City, State, and Zip

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)
Page 1 of 2

<u>Title:</u> "MGR" = M: "MGRM" =	anager Managing Member	Name and Address:
MGR		DAUID Grego 210 QUAIL RUN Venus, 34. 33960
	·····	
(Use attachm	nent if necessary)	·
ICLE V: Effective date i	tive date, if other than the	e date of filing: (OPTIONAL)
ICLE V: Effective date in the state of the s	tive date, if other than the is listed, the date must be he date of filing.) 2 SIGNATURE:	e date of filing:
ICLE V: Effective date in the state of the s	tive date, if other than the is listed, the date must be he date of filing.) SIGNATURE: Signature of a member of this document const that the facts stated he	e date of filing:

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

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)