

L110000040180

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

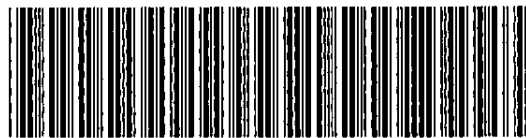
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APR 5 2011

EXAMINER



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04/05/11--01001--021 **155.00

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
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ACCESS,
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 APR 14 AM 9:00
TALLAHASSEE, FLORIDA

1.

Sylvie Slos LLC
(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

ARTICLE OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I.

The name of the Limited Liability Company is:

SYLVIE SLOS LLC

ARTICLE II.

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

1717 N BAYSHORE DRIVE APT 1539

MIAMI FL 33132

The mailing address of the Limited Liability Company is:

1717 N BAYSHORE DRIVE APT 1539

MIAMI FL 33132

ARTICLE III.

The purpose for which this Limited Liability Company is organized is:

Any and all lawful business.

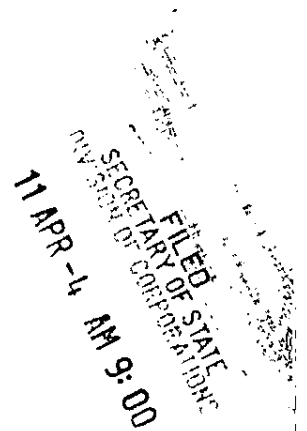
ARTICLE IV

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

SYLVIE E M SLOS

1717 N BAYSHORE DRIVE APT 1539

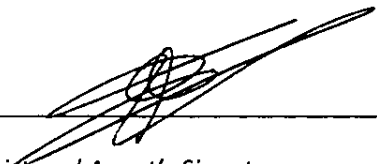
MIAM FL 33132



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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

04.01.2011

Date:

ARTICLE V

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

Name and Address:

Title:

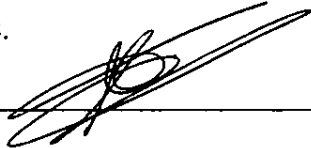
SYLVIE E M SLOS

MGRM

1717 N BAYSHORE DRIVE # 1539

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04.01.2011

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155.F.S.

Sylvie Olor

Typed or printed name of signee

04.01.2011

Date