

06/03/2011 14:35 3052201440 LAZARUS 01769
Division of Corporations

L110001459703

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H11000145970 3)))



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Division of Corporations
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**FLORIDA LIMITED LIABILITY CO.
SALT LIFE INVESTMENTS LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

RECEIVED
11 JUN -3 PM 3:36
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11 JUN -3 AM 10:45
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G. MCLEOD

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JUN - 6 2011

EXAMINER

H11000145970

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Salt Life Investments LLC

(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:10420 SW 77th ave
ste 202
Pinecrest, FL 33156**Mailing Address:**10420 SW 77th ave
ste 202
Pinecrest, FL 33156**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:

Caridad A. Falero
Name10420 SW 77th ave ste 202
Florida street address (P.O. Box **NOT** acceptable)
Pinecrest, FL 33156
City, State, and ZipFILED
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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 as provided for in Chapter 608, F.S..

C Falero
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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

MGRMMGR**Name and Address:**

Candida A. Falero
10420 SW 7TH AVE Ste 202
Pinecrest, FL 33156

Alexis A. Falero
10420 SW 7TH AVE Ste 202
Pinecrest, FL 33156

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 6/3/2011 (OPTIONAL)
 (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

C. Falero
 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.817.135, F.S.)

Candida A. Falero
 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)