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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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EXAMINER

FLORIDA DEPARTMENT OF STATE Division of Corporations

March 13, 2012

SABAT WASSEF 5784 TANASI COURT LAKELAND, FL 33812

SUBJECT: SLKM INVESTMENTS LLC

Ref. Number: W12000014390

We have received your document for SLKM INVESTMENTS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The operating agreement is not filed with our office. You must submit articles of organization.,

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please (850) 245-6051.

Tammi Cline Regulatory Specialist II

Letter Number: 012A00009160

2817 WA 1- AW 2182

COVER LETTER

	stration Section sion of Corporations		
SUBJECT:	SLKM Investments LL	_C	
	Name of Lim	nited Liability Company	
The enclosed	Articles of Organization and fee(s) ar	e submitted for filing.	
Please return	all correspondence concerning this ma	atter to the following:	
Sab	at Wassef		
		Name of Person	
		Firm/Company	
578	34 Tanasi Court		
		Address	
Lake	land, FL 33812		
	C	City/State and Zip Code	
	E-mail address: (to be used	I for future annual report notification)	
For further inf	ormation concerning this matter, plea	se call:	
R. James	Platt, P.A.	at (863) 802-1732	
	Name of Person	Area Code & Daytime Tele	phone Number
Enclosed is a	check for the following amount:		
√ \$125.00 Filing	g 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	Street/Courier Address)>(a N

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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:
SLKM 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: Mailing Address:
Sabat Wassef 5784 Tanasi Court Lakeland, FL 33812 Sabat Wassef 5784 Tanasi Court Lakeland, FL 33812 Lakeland, FL 33812
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:
Sabat Wassef
Florida street address (P.O. Box NOT acceptable)
Lakeland FL 33812 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
X Solat Wavel Registered Agent's Signature (REQUIRED)
(CONTINUED)
Page 1 of 2

(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:	<u>Title:</u> "MGR" = Manager "MGRM" = Managing M	Name and Address: Tember	
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:	MGRM	5784 Tanasi Court	
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:			
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:			
CLE V: Effective date, if other than the date of filing:	•		
Effective date is listed, the date must be specific and cannot be more than five business days policy days 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. 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.)		•	
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