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SECRETARY OF STATE
IMITALISSEE FLORDA

C. LEWIS

JUN -7 2012

EXAMINER

	THE WAY I WAS	** **********************************	سريون الخالب. مسا	Addr.	4/ **
TO: Registration			, w.	2	
	Corporations		uis.t	,M	
SUBJECT: SLU	J Capital, LLC			r	
	· · · · · · · · · · · · · · · · · · ·	ed Liability Com	pany		
The enclosed Articles	of Organization and fee(s) are	submitted for fili	ng.		
Please return all corres	spondence concerning this matt	er to the followir	ng:		
Shawn	St. Prix				
		Name of Person	•		
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Golam	<u>ine Properties,</u>				
		Firm/Company			
655 N F	. 125 Street				
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		Audicss			
North Mia	mi, Fl 33161				
<u> </u>	 i	y/State and Zip Co	 de		
goldmine	einc@bellsouth.ne	et .			
goranni	E-mail address: (to be used f	or future annual re	port notification	n)	
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Por further information	n concerning this matter, please	can.			
Shawn St. P	rix	at (305	, 525-58	827	
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Enclosed is a check	for the following amount:				
		<u></u>			_
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy Certificate of Status &			
	Certificate of Status	(additional copy is enclosed) Certified Copy			
		(F ,,	(additional copy	-
	Mailing Address	Street/Courier Address			
	Registration Section	Registration Section			
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building			
Tallahassee, FL 32314 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:

SLU CAPITAL, 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:

655 N.E. 125 STREET NORTH MIAMI, FL 33161 P.O. BOX 610141 NORTH MIAMI, FL 33261

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:

SHAWN ST. PRIX

Name

655 N.E. 125 STREET

Florida street address (P.O. Box NOT acceptable)

NORTH MIAMI

ղ 33161

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)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follow		FILED	
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	12 JUN -6 Segretary Tallahasse	OF STATE
MGR	GOLDMINE PROPERTIES P.O. BOX 610141 NORTH MIAMI, FL 33261		
		· · · · · · · · · · · · · · · · · · ·	
(Use attachment if necessary)			
ARTICLE V: Effective date, if other than the dat (If an effective date is listed, the date must be sp to or 90 days after the date of filing.)			
REQUIRED SIGNATURE: Signature of a member or	an authorized representative of a m	ember.	
constitutes an affirmation under the I am aware that any false information constitutes a third degree felony as SHAWN ST. I	-	d herein are true.	

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)