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\_\_\_\_\_  
(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)

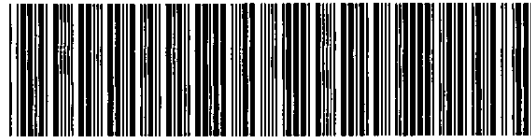
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**B. KOHR**  
OCT 6 2012  
**EXAMINER**



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10/04/12--01021--009 \*\*160.00

**FILED**  
12 OCT -4 AM 8:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SLUTLIFE LLC.  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Timothy John Rossano  
Name of Person

\_\_\_\_\_  
Firm/Company

4758 HARBORTOWN LN  
Address

FT MYERS, FLORIDA 33919  
City/State and Zip Code

Coolestmoose@AOL.COM  
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Timothy John Rossano at ( 401 ) 835-6689  
Name of Person Area Code & Daytime Telephone 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 Circle  
Tallahassee, FL 32301

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

SLUTLIFE LLC.

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

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**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

4758 HARBORTOWN LN  
FT MYERS, FL  
33919

4758 HARBORTOWN LN  
FT MYERS, FL  
33919

**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:

Timothy John Rossano  
Name

4758 HARBORTOWN LN.  
Florida street address (P.O. Box **NOT** acceptable)

FT MYERS, FL, 33919  
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 follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Timothy John Rossano  
4758 HARBORTOWN LN  
FT MYERS, FL 33919

MGRM

Anthony John Russell  
4400 Hill DR.  
FT MYERS, FL, 33901

MGRM

CHARLES LYNN ROBB JR.  
2713 57<sup>TH</sup> ST WEST  
LEHIGH ACRES, FL, 33971

MGRM

JAMES FREDERICK FOEDERER  
5333 COBALT CT  
CAPE CORAL, FL, 33904

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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:**



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.)

Timothy John Rossano

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)

Articles of Incorporation

Article IV: Manager(s) or Managing Member(s)

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

MGRM                      Joseph Anthony Rainone  
                                    40 Dorchester Ave  
                                    Providence, RI 02909

MGRM                      Kenneth Eugene Cole Jr.  
                                    18235 Wildcat Rd  
                                    Olathe, KS 66062

MGRM                      Diane G. Russell  
                                    4400 Hill Dr  
                                    FT Myers, FL 33901

MGRM                      Randall Harrell  
                                    1148 Alabar Ln  
                                    Cape Coral, FL 33909

MGRM                      LYNN DISOMMA  
                                    828 SW. 30<sup>TH</sup> TERRACE  
                                    CAPE CORAL, FL 33914