#_1200013774/

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to Firmig Officer.





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K. SALY EXAMINER OCT 3 0 2012

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: USA SLATEN	AIC LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles of Organizatio	and fee(s) are submitted for filing.	
Please return all correspondence cond	erning this matter to the following:	
Taiping Cao		
	Name of Person	
	. , Firm/Company	
6904 N Kendall D	r. APT F 303	
	Address	
Miami, FL 33156		
	City/State and Zip Code	
a1688z@126.com		
E-mail add	ess: (to be used for future annual report notification	n)
For further information concerning th	s matter, please call:	
Taiping Cao	at (305) 778 62	89
Name of Person	Area Code & Daytime	Telephone Number
Enclosed is a check for the following	ng amount:	
\$125.00 Filing Fee \$\sum \\$130.00 Filing Certificat	ling Fee & \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Ac Registration Division of P.O. Box 6 Tallahassee	Section Registration Section Corporations Division of Corporations Clifton Building	ions er Circl e

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

USA SLATEMIC LLC



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

ARTICLE II - Address:

Principal Office Address:

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

Mailing Address:

6904 N Kendall Dr. APT F 303	6904 N Kendall Dr. APT F 303	
Miami, FL 33156	Miami, FL 33156	
	ent, Registered Office, & Registered Agent's Serve as its own Registered Agent. You must designate an individu istration.)	
The name and the Florida street	address of the registered agent are:	12 0
Taiping Ca	ao	聖马不
 	Name	29 E.S. S.S. S.S. S.S. S.S. S.S. S.S. S.S
6904 N	Kendall Dr. APT F 303	Mar 3 D
	Florida street address (P.O. Box NOT acceptable)	ESS K
Miami	_{FL} 33156	ATE DRID
	City, State, and Zip	D* 1

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)

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Membe	Name and Address:
MGRM	YIXIAN OURSTONE CO., LTD

(Use attachment if necessary)	
LE V: Effective date, if other the fective date is listed, the date is	an the date of filing: October 23rd 2012 (OPTION nust be specific and cannot be more than five business d
LE V: Effective date, if other the fective date is listed, the date is days after the date of filing.)	
fective date is listed, the date no days after the date of filing.) REQUIRED SIGNATURE:	nust be specific and cannot be more than five business d
LE V: Effective date, if other the fective date is listed, the date in days after the date of filing.) REQUIRED SIGNATURE: Signature of a recordance with section constitutes an affirmation I am aware that any false	

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)