

# L13000000647

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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**\*RE-SUBMIT\***

To: Division of Corporations  
Fax Number : (850) 617-6383

Please retain original filing  
date of submission 12/28

From: Account Name : C T CORPORATION SYSTEM  
Account Number : PCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5369

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.**

**SlideMoor, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04 08
Estimated Charge	\$125.00

Attn: Jeraline  
Saulsberry

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

2012 DEC 28 AM 8:00

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Corporate Filing Menu

Help

(850) 245-6051.

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SlideMoor, 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:

James Murphy

Name of Person

SlideMoor, LLC

Firm/Company

1150 Central Avenue

Address

Nales, Florida 34102

City/State and Zip Code

James @ proton enterprises.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAMES MURPHY

Name of Person

at 239 289 0172

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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  
Cilton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

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CONSENT TO USE OF NAME

This Consent to Use of Name is executed hereby by SlideMoor, Inc. (the "Corporation") in favor of SlideMoor LLC, a Florida limited liability company (the "LLC") as of this 27 day of December, 2012.

WHEREAS, the LLC desires to use the name "SlideMoor" (the "Name") to identify itself as a company and to identify certain of its products; and

WHEREAS, the Corporation wishes to allow the LLC to use the Name.

NOW THEREFORE, the Corporation hereby consents to the use of the Name by the LLC. The grant of consent set forth herein shall continue perpetually. The Corporation hereby represents and warrants that it has sufficient power and authorization to grant the consent granted hereby.

IN WITNESS WHEREOF, the Corporation has executed this consent as of the date first set forth above.

SLIDEMOOR, INC.

By: [Signature]  
Name: Tom Parsons  
Title: Pres

Acknowledged and agreed:  
SLIDEMOOR, LLC

By: [Signature]  
Name: James J. [unclear]  
Title: managing

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SlideMoor, 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:

1150 Central Avenue

Naples, Florida 34102

Mailing Address:

1150 Central Avenue

Naples, Florida 34102

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:

James Murphy

Name

1150 Central Avenue

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

Naples, FL 34102

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.*

[Signature]  
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

**Name and Address:**

MGRM

James Murphy

1150 Central Avenue

Naples, Florida, 34102

MGRM

John D'Orazio

1150 Central Avenue

Naples, Florida, 34102

(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, P.S.)

James Murphy

John D'Orazio  
Typed or printed name of signer

**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)

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