Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H130000293893)))



H130000293893AFIC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: SHUTTS & BOWEN LLP (ORLANDO)

Account Number : I20030000004

: (407)423-3200

Phone Fax Number

: (407)843-4076

7. M& Name

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

Email Address:

taugustyni@shutts.com

RECEIVED FEB-6 PM 4: 17 PORETARY OF STATE

FLORIDA LIMITED LIABILITY CO. SLC NOTE ACQUISITION, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

J. SAULSBERRY EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

FEB 7 2013

(((H13000029389 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I -	Name:			
The name of the	e Limited Liability Company	is:		
SLC Note Acquisiti	on, LLC			
	(Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")	·····	
ARTICLE II -	Address.			•
		e principal office of the Limited Li	iability Company	is:
			,	
Principal Offic	e Address:	Mailing Address:		
300 S. Orange Ave	nue	P.O. Box 2265		
Suite 1000		Hickory, NC 28603		
Orlando, FL 32801				
The name and t	300 S. Orange Ave., Suite 100 Florida street Orlando, FL 32801	ame	FEB -6 AM & 50	
liability con registered ago all statutes re	npany at the place designated ent and agree to act in this ca elating to the proper and com e obligations of my position a	to accept service of process for the in this certificate, I hereby accept to pacity. I further agree to comply we plete performance of my duties, and s registered agent as provided for impany of Orlando	the appointment a with the provisions d I am familiar w	is s of ith

Page 1 of 2

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

(((H13000029389 3)))

MGR	Edward C. Nelli 14503 Isleview Drive	
		2013 FEB
		10720 d
	<u></u>	<u> </u>
		<u> </u>
		
		किंग ह
		<u></u>
·		
(Use attachment if necessary)		
	an the date of filing:	(Opento) () (

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 fulney as provided for in s.817.155, F.S.)

Typed or printed name of signee

Authorized Representative

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)

Page 2 of 2