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#### COVER LETTER

TO: Registration Section **Division of Corporations** SLW Consultants, 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: Craig M. Oberweger, Esq. Palm Law Partners P.A. Firm/Company 301 Yamato Rd. Ste 1234 Boca Raton / Florida 33431 City/State and Zip Code craig@palmlawpartners.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Craig M. Oberweger Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: **■**\$130.00 Filing Fee & □\$155.00 Filing Fee & □ \$160.00 Films □\$125.00 Filing Fee Certificate of Certificate of Status Certified Copy Certified Control (additional copy is enclosed) (additional cary 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

SLW Consultants , 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:  3850 Lake Worth Rd  Ste 2  Lake Worth, Florida 33461  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 entiry with an active Florida registration.)  The name and the Florida street address of the registered agent are:  Craig M. Oberweger, Esq.  Name  301 Yamato Rd. Ste 1234  Florida street address (P.O. Box NOT acceptable)  Boca Raton, I FL 33431  City, State, and Zip  Having been named as registered agent and to accept service of process for the drove stated limite 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 aposition as registered agent as provided for in Chapter 608, F.S.			
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Page 1 of 2

Registered Sent'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: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM George Larivee 3850 Lake Worth Rd Lake Worth, FI 33461 (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 frue I am aware that any false information submitted in a document to the Department of state

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)

George Larivee

\$ 5.00 Certificate of Status (Optional)

constitutes a third degree felony as provided for in s.817.155, F.S.)