## L14 00 9137912

(Re	questor's Name)
(Ad	ldress)
(Ad	ldress)
(Cit	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	siness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	,
¥ _	Office Use Only



600263685006

08/27/14--01016--019 \*\*130.00



## COVER LETTER.

TO: Registration Section Division of Corporations	
SUBJECT: 54/De 17 Away A	LhC.
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
TOSEPH & SOUTHWOOD Name of Person	2711
SLIDE IT AWAY A	LLC.
1803 TAMERAANE	PARR
BRANJON FL 335	70
City/State and Zip Code	
SUDE ITAWAYLLE D GMAIL COM. E-mail address: (to be used for future annual report notification	7 .
For further information concerning this matter, please call:	ony
To ruther mornation concerning this matter, please can.	
Toe Southworth at (813) 40797  Name of Person Area Code Daytime Tele	76 /
reaction record buyunners to	
Enclosed is a check for the following amount:	·
Certificate of Status 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

٠.

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:
SLIDE J AWAY 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:
1803 TAMERLANE PL 1803 TAMERLANCPL BRANDON FL 33510 BRANDON, FL 33510
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:
TOSEPH EARL. SOUTHWORTH  Name  1803 TAMERLANC PL.
Name
1803 AMERIANC TL.
Florida street address (P.O. Box <u>NOT</u> acceptable)
BRANDON FL 335/0
City 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 605, F.S
Registered Agent's Signature (REQUIRED)
(CONTINUED)
Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	,
"MGR" = Manager		
AMBER MGR	Joseph FARL S	OUTHNO
	BRANDON, FL 3	3270
MGR	Kim McCRACK	(en)
•	BRANDON, FC	335,0
	, , , , , , , , , , , , , , , , , , ,	
(Use attachment if necessary)		
	Sline: (OPTIC	ONAL
EV: Effective date, if other than the date of ective date is listed, the date must be speci	filing: (OPTIC	
E V: Effective date, if other than the date of		
EV: Effective date, if other than the date of ective date is listed, the date must be speci		
E V: Effective date, if other than the date of ective date is listed, the date must be specififing.)  E VI: Other provisions, if any.		
E V: Effective date, if other than the date of ective date is listed, the date must be specififing.)  E VI: Other provisions, if any.	ific and cannot be more than five business days p	
E V: Effective date, if other than the date of ective date is listed, the date must be specififing.)  E VI: Other provisions, if any.	ific and cannot be more than five business days p	
EV: Effective date, if other than the date of sective date is listed, the date must be specific of filing.)  EVI: Other provisions, if any.	ific and cannot be more than five business days p	
E V: Effective date, if other than the date of sective date is listed, the date must be specific of filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:	fic and cannot be more than five business days proceedings for an authorized representative of a member of a membe	erior to or 90 day:
E V: Effective date, if other than the date of sective date is listed, the date must be specific of filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a memiliar accordance with section 605.0	ber or an authorized representative of a member 0203 (1) (b), Florida Statutes, the execution of this	er.
E V: Effective date, if other than the date of ective date is listed, the date must be specififing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a memiliar accordance with section 605.0 constitutes an affirmation under the ective of the ection	ber or an authorized representative of a member 0203 (1) (b), Florida Statutes, the execution of this the penalties of perjury that the facts stated herein	er. document
E V: Effective date, if other than the date of ective date is listed, the date must be specific of filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a memi (In accordance with section 605.0 constitutes an affirmation under I am aware that any false information constitutes a third degree felony.)	ber or an authorized representative of a member of a member of perjury that the facts stated herein a document to the Department of as provided for in \$ 817.155. F.S.)	er. document are true. f State
E V: Effective date, if other than the date of ective date is listed, the date must be specific of filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a memi (In accordance with section 605.0 constitutes an affirmation under I am aware that any false information constitutes a third degree felony.)	ber or an authorized representative of a member of a member of perjury that the facts stated herein a document to the Department of as provided for in \$ 817.155. F.S.)	er. document
E V: Effective date, if other than the date of ective date is listed, the date must be specific of filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a memi (In accordance with section 605.0 constitutes an affirmation under I am aware that any false information constitutes a third degree felony.)	ber or an authorized representative of a member of a member of perjury that the facts stated herein a document to the Department of as provided for in \$ 817.155. F.S.)	er. document are true. f State
E V: Effective date, if other than the date of ective date is listed, the date must be specific of filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a memi (In accordance with section 605.0 constitutes an affirmation under I am aware that any false information constitutes a third degree felony.)	ber or an authorized representative of a member of the penalties of perjury that the facts stated herein a fact of the member of a member of a member of the penalties of perjury that the facts stated herein a fact of the member of the m	er. document are true. f State