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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use Onl	v



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EFFECTIVE DATE 09/06/14

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: The Glam Slam  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:	
Name of Person	
The Glam Stam  Firm/Company	
PO Box 14815  Address	
Noth Pam Beach, FL 33408  City/State and Zip Code  theglanslam/Ice yahoo.com  E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Lauren Stratton at (56) 430-5096  Name of Person Area Code Daytime Telephone Number 32 22	
Enclosed is a check for the following amount:  \$\begin{align*} \text{S125.00 Filing Fee} \text{ \$\subseteq \text{S130.00 Filing Fee} & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{ \$\text{Certified Copy} & Certified Copy (additional copy is enclosed)} \text{ \$\text{Certified Copy} & Certified Copy} & Certified Copy (additional copy is enclosed)} \text{ \$\text{Certified Copy} & Certified Copy} & Certified Copy (additional copy is enclosed)} \text{ \$\text{Certified Copy} & Certified Copy} & Certified Copy} \text{ \$\text{Certified Copy} & Certified Copy} & Certified Copy} \text{ \$\text{Certified Copy} & Certified Copy} & Certified Copy} \text{ \$\text{Certified Copy} & Certified Copy} & Certified Copy} \text{ \$\text{Certified Copy} & Certified Copy} & Certified Copy} \text{ \$\text{Certified Copy} & Certified Copy} & Certified Copy} \text{ \$\text{Certified Copy} & Certified Copy} & Certified Copy} \text{ \$\text{Certified Copy} & Certified Copy} & Certified Copy} \text{ \$\text{Certified Copy} & Certified Copy} & Certified Copy} \text{ \$\text{Certified Copy} & Certified Copy} & Certified Copy} \text{ \$\text{Certified Copy} & Certified Copy} & Certified Copy} \text{ \$\text{Certified Copy} & Certified Copy} & Certified Copy} \text{ \$\text{Certified Copy} & Certified Copy} & Certified Copy} \text{ \$\text{Certified Copy} & Certified Copy} & Certified Copy} \text{ \$\text{Certified Copy} & Certified Copy} & Certified Copy} \text{ \$\text{Certified Copy} & Certified Copy} & Certified Copy} \text{ \$\text{Certified Copy} & Certified Copy}	Transaction of the second
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 Evecutive Center Circle	

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ANTICLES OF ONGANIZATION FOR FLORIDA LIMITED LEADILETT COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:
(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:
The Glam Slam LLC 130 Lake share Dr. #1121 North Palm Beach, FL 33408 North Palm Beach, FL 33408
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:
Lauren Stratton
Name  130 Laceshove Dv. #1121  Florida street address (P.O. Box NOT acceptable)
North Palm Beach El 33408
City Zip
Having been named as registered agent and to accept service of process for the above stated limited liability company a 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

EFFECTIVE DATE MOS 4

MGR" = Manager    Juren Stration   130   1	Title:	Name and Address:
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