Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

from:

Account Name : LEGALZOOM.COM INC.

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: (323)962-8600

Fax Number

: (323)962-3889

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.

Silver Lake Partners LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 1 |
| Page Count | 04 |
| Estimated Charge | \$155.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

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COVER LETTER

| TO: Registration Division of 0 | i Section Corporations | | |
|--------------------------------|--|---|---|
| SUBJECT: Silver L | ake Partners LLC Name of Lin | nited Liability Company | |
| The enclosed Articles | of Organization and fee(s) ar | e submitted for filing. | |
| Please return all corre | spondence concerning this ma | atter to the following: | |
| Cheyenr | e Moseley | Name of Person | |
| LegalZor | om.com, Inc. | Firm/Company | |
| 100 W B | roadway, Şuite 100 | Address | |
| <u>Glendale</u> | . CA 91210 C | ity/State and Zip Code | |
| <u>onlinefilings@fa</u> | galzoom com E-mail address: (to be used | I for future annual report notifica | ation) |
| For further informatio | n concerning this matter, plea | se call: | |
| Chevenne Moseley Nan | at (_3 | | 25 lephone Number |
| Enclosed is a check for | r the following amount: | | |
| □ \$125.00 Filing Fee | □\$130,00 Filing Fee & Certificate of Status | ☑\$155.00 Filing Fee & 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/Courler Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

12-12-114 11:11 FROM-

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY | | | | | |
|--|--|--|--|--|--|
| ARTICLE I - Name: | | | | | |
| The name of the Limited Liability Company is: | | | | | |
| Silver Lake Partners LLC | | | | | |
| (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.") | | | | | |
| ARTICLE I - Name: The name of the Limited Liability Company is: Silver Lake Partners 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: | | | | | |
| Principal Office Address: Mailing Address: | | | | | |
| 1147 Lemon Bluff Road Osteen, FL 32764 | | | | | |
| 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: | | | | | |
| KIp D. Braden Name | | | | | |
| 1147 Lemon Bluff Road | | | | | |
| Plorida street address (P.O. Box NOT acceptable) | | | | | |
| Osteen FL 32764 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 Legistered Agent's Signature (REQUIRED) Kip D. Bisden | | | | | |
| (CONTINUED) | | | | | |

Page 1 of 2

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| Title: | Name and Address: |
|--|--|
| "AMBR" = Authorized Member | . ف |
| "MGR" = Manager | |
| AMBR | Kip Braden 💍 💍 |
| • | 1147 Lemon Bluff Road |
| | Osteen, FL 32764 |
| | 75. |
| AMBR | Cynthia Braden |
| • | 1147 Lemon Bluff Road |
| | Osteen FL 32764 |
| AMPR | Kip Braden 1147 Lemon Bluff Road Osteen, FL 32764 Cynthia Braden 1147 Lemon Bluff Road Osteen, FL 32764 Chad Braden 1147 Lemon Bluff Road |
| AMBR | Chad Braden |
| | |
| | Ostgen, FL 32764 |
| AMBR | Tamar Braden |
| AIVIDIX | 1147 Lemon Bluff Road |
| | |
| | Osteen, FL 32764 |
| (Use attachment if necessary) | |
| | |
| (Coo amountainem is necessary) | |
| LE V: Effective date, if other than th | e date of filing: (OPTIONAL) |
| LE V: Effective date, if other than th | e date of filing: (OPTIONAL) he specific and cannot be more than five business days prior to or 90 day |
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| EV: Effective date, if other than the fective date is listed, the date must of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: | he specific and cannot be more than five business days prior to or 90 day M a member or an authorized representative of a member. |
| LE V: Effective date, if other than the fective date is listed, the date must of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with section) | a member or an authorized representative of a member. |
| LE V: Effective date, if other than the fective date is listed, the date must of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with sectionstitutes an affirmation) | a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document a under the penalties of perjury that the facts stated herein are true. |
| LE V: Effective date, if other than the fective date is listed, the date must of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with section of the constitutes an affirmation I am aware that any false | a member or an authorized representative of a member. ion 605.0203 (1) (b), Florida Statutes, the execution of this document ander the penalties of perjury that the facts stated herein are true, information submitted in a document to the Department of State |
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| LE V: Effective date, if other than the fective date is listed, the date must of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with section an affirmation I am aware that any false constitutes a third degree | a member or an authorized representative of a member. ion 605.0203 (1) (b), Florida Statutes, the execution of this document ander the penalties of perjury that the facts stated herein are true, information submitted in a document to the Department of State |

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Filing Rees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

3239628300 From: Jay Webb

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Attachment to

Articles of Organization for Silver Lake Partners LLC

FILED 2014 DEC 15 AM 10:00

Additional members of the Limited Liability Company are:

| Name of Member | Address |
|----------------|---|
| Larry Smith | 1147 Lemon Bluff Road, Osteen, FL 32764 |
| Danita Smith | 1147 Lemon Bluff Road, Osteen, FL 32764 |
| Tony Klein | 1147 Lemon Bluff Road, Osteen, FL 32764 |
| Denise Klein | 1147 Lemon Bluff Road, Ostcen, FL 32764 |