

Jul. 15. 2016c 9: 1AMns

L16000131271

Page 1 of 2

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H16000170410 3)))



H160001704103ABCU

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) 617-6381

From:

Account Name : GOREN, CHEROF, DOODY & EZROL, P.A.
Account Number : I20160000018
Phone : (954) 771-4500
Fax Number : (954) 771-4923

RECEIVED
16 JUL 15 AM 9:06

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

Email Address: sgoren227@gmail.com

FLORIDA LIMITED LIABILITY CO.
SLG227 Consulting, LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

FILED
16 JUL 15 PM 1:13
SECRETARY OF STATE
TALLAHASSEE FLORIDA

TCH
7/15/16

Electronic Filing Menu

Corporate Filing Menu

Help

H Jul. 15. 2016/ 9:11AM

No. 3534 P. 2

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SLG227 Consulting, 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:

Samuel S. Goren

Name of Person

Goren, Cherof, Doody & Ezrol, P.A.

Firm/Company

3099 E. Commercial Blvd., #200

Address

Fort Lauderdale, FL 33308

City/State and Zip Code

sgoren227@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Samuel S. Goren

954

771-4500

at

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for 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

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

H160001704103

17 JUL 15 2016 9:11AM

No. 3534 P. 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SLG227 Consulting, 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:

3329 NE 17th Court
Fort Lauderdale, FL 33305

3329 NE 17th Court
Fort Lauderdale, FL 33305

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:

Samuel S. Goren

Name

3099 E. Commercial Blvd., #200

Florida street address (P.O. Box **NOT** acceptable)

<u>Fort Lauderdale</u>	<u>FL</u>	<u>33308</u>
City	State	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.

Samuel S. Goren

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED
16 JUL 15 PM 1:13
SECRETARY OF STATE
TALLAHASSEE FLORIDA

17 16 0001704 103

H16 Jul. 15. 2016 9:12AM

No. 3534 P. 4

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Manager

Name and Address:

Shelley Goren

3329 NE 17th Court

Fort Lauderdale, FL 33305

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

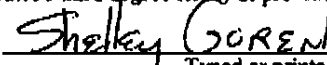
REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.

I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



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)

\$ 5.00 Certificate of Status (Optional)

SECRETARY OF STATE
TREASURY ASSET FLORIDA

16 JUL 15 PM 1:13

FILED

H160001704103