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#### DAVID P. JOHNSON

Attorney and Counselor at Law 2201 Ringling Boulevard, Suite 104 Sarasota, Florida 34237

CERTIFIED PUBLIC ACCOUNTANT
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FLORIDA BAR BOARD CERTIFIED
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December 5, 2016

**TO:** New Filing Section

**Division of Corporations** 

P.O. Box 6327

Tallahassee, FL 32314

RE: SLNM, LLC - ARTICLES OF ORGANIZATION FILING

The enclosed Articles of Organization for SLNM, LLC, along with the filing fee in the amount of \$125.

Please return all correspondence concerning this matter to the following:

David P. Johnson, Esq. 2201 Ringling Boulevard, Suite 104 Sarasota, FL 34237

E-mail address (to be used for future annual report notification): smainardi@delta-engineers.com

Very truly yours,

DAVID P. JOHNSON

### ARTICLES OF ORGANIZATION OF SLNM, ENTERPRISES, LLC

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SECRETARY OF STATE FALLAHASSEE FLORIDA

#### ARTICLE I - NAME

The name of the limited liability company is SLNM, Enterprises, LLC, ("company").

#### ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address: 6838 44th Terrace E. Bradenton, Florida 34203

Mailing Address: 6838 44th Terrace E. Bradenton, Florida 34203

## ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the registered agent are:

Steven J. Mainardi 6838 44th Terrace E. Bradenton, Florida 34203

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.

Steven J. Mainardi

#### ARTICLE IV - MANAGERS OR MEMBERS

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

Title:

Name and Address:

"MGR" = Manager

"AMBR" = Authorized Member

**MGR** 

Steven J. Mainardi 6838 44th Terrace E. Bradenton, Florida 34203

**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.

Steven J. Mainardi

Typed or printed name of signee

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