L 900087764

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	TIAW	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





100327275951

100327275951 04/03/19--01003--008 **160.00

FILED
19 APR -3 AMB/87 3 AMI/87

APR - 3 2019 C Kinsey

COVER LETTER

	iling Section on of Corporations			
SUBJECT:	SLIM DEVELOPME	PNT LLC		
	Name of	Limited Liability Company		
The enclosed Ar	rticles of Organization and fee(s	s) are submitted for filing.		
Please return all	correspondence concerning thi	s matter to the following:		
	MICHAEL A.	Name of Person		
		Name of Person		
		·		
	1647 1032 CC	Address		
		Address		
	TALLAHA	SSPE FC 32311 City/State and Zip Code		
	E-mail address: (to be to	of MENT. LLC & GMAIL. (M) used for future annual report notification)		
For further inform	nation concerning this matter, p			
MIC	HATEL A. WEAVER a	1(850) 445 0144		
	Name of Person	Area Code Daytime Telephone Number		
Enclosed is a ch	neck for the following amount:			
\$125.00 Filing	_			
	Mailing Address	Street Address		
	New Filing Section	New Filing Section		
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building		
	Tallahassee, Fl. 32314 2661 Executive Center Circle			

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE II - Address: The mailing address and street add		•	any, "L.L.C.," or "LLC.")	
The mailing address and street add	dress of the principal offic			
•	fress of the principal offic			
<u>Principal</u>		e of the Lin	nited Liability Company is:	
Principal Office Address:			Mailing Address:	
1032 Coffé	k creek dr			
TALLAHASSA	K CLEEK DR			
The name and the Florida street ac	ddress of the registered ag	ent are:		
The name and the Florida street at	ddress of the registered ag MICHAEL A		14	
The name and the Florida street ac	MICHAEL A	WERVE lame Lame	DZ	
The name and the Florida street ac	MICHAEL A 1032 Colle Florida street address (1	WEAVE lame ** CLEEK **.O. Box NO	DZ acceptable)	
The name and the Florida street ac	MICHAEL A	WEAVE lame ** CLEEK **.O. Box NO	DZ acceptable)	

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager	MICHAEL A. WEAVER 1032 COPPE CRATK DR TALLAHASSIN FL 32311	
AMOS.	MICHELLE L. WEAVER 1567 JACOBY RD COPLEY OH 44321	
(Use attachment if necessary)		
(If an effective date is listed, the date must be specific the date of filing.)	iling: APRIL 1, 2019 (OPTIONAL) is and cannot be more than five business days prior to or 90 of the applicable statutory filing requirements, this date will not state's records.	
REOUIRED SIGNATURE:		2019 AI
This document is executed in I am aware that any false inf	er or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes, formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.	R-3 AM
	Yel A. WENVER yped or printed name of signee	111:57
\$125.00 Filing Fee for Articles of Organi \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	<u>Filing Fees:</u> ization and Designation of Registered Agent	7

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

ARTICLE IV-