Page 1 of 2



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.

(((H19000233453 3)))



H190002334533ABC/

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 : DELANEY CORPORATE SERVICES

Account Number : I20140000112 Phone : (800)717-2810 Fax Number : (518) 465-7883

\*\*Entor the email address for this business entity to be used for future

annual report mailings. Enter only one email address please. \*\*

# FLORIDA LIMITED LIABILITY CO. **SLIBROS Holdings LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

### ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

#### ARTICLE 1 - Name:

The name of the Limited Liability Company is:

SLIBROS Holdings LLC

(Must contain 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:

Malling Address:

20515 Linksview Drive 20515 Linksview Drive Boca Raton, FL 33434 Boca Raton, PL 33434

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 emity with an active Florida registration.)

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

NRAI Services, Inc.

Name

1200 South Pine Island Road

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

Plactation 33324 City

Harring 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 not 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, P.S.

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Orie:	Name and Address:
AMBR" = Authorized Member	<del></del>
MGR" - Manager	
MGR	Lawrence Liman
	20515 Linksview Drive
	Boca Raton, FL 33434
•	
-	
(Use attachment if necessary)	
ective date is inseed, for oute much of of filing.) The date inserted in this block does	date of filing: (OPTIONAL) be specific and carmet be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will not
Rective fixed is justed, fair that the of filling.)  (If the date inserted in this block does a consent's effective date on the Department's effective date on the Department.	not meet the applicable statutory filing requirements, this date will not
Rective date is inserted, her date must be of filing.)  (If the date inserted in this block does a nument's effective date on the Department's effective date on the Department. Other provisions, if any.  REQUIRED SIGNATURE:	not meet the applicable statutory filling requirements, this date will not ment of State's records.
rective date is intered, the date intered of filing.) If the date inserted in this block does a manent's effective date on the Department's effective date on the Department's effective date on the Department VI: Other provisions, if any.  RECUIRED SIGNATURE:	not meet the applicable statutory filing requirements, this date will not ment of State's records.
rective date is juried, the date intact of fitting.) If the date inserted in this block does a numera's effective date on the Department's effective date on the Department of the D	not meet the applicable statutory filing requirements, this date will not ment of State's records.    One of the applicable statutory filing requirements, this date will not ment of State's records.
Rective date is jured, the date intact of filing.)  If the date inserted in this block does a sment's effective date on the Department's effective date on the Department's effective date on the Department's effective date on the Department.  REQUIRED SIGNATURE:  Signature of This document is to	not meet the applicable statutory filing requirements, this date will not ment of State's records.  The member of an authorized representative of a member:  State of a member of an authorized representative of a member:  State of the information submitted in a focument to the Department of State
Rective date is juried, the date intent of filing.) If the date inserted in this block does consent's effective date on the Department's effective date on the Department of t	not meet the applicable statutory filing requirements, this date will not ment of State's records.
rective date is juried, the date inter is of filing.)  If the date inserted in this block does a sument's effective date on the Department's effective date	not meet the applicable statutory filing requirements, this date will not ment of State's records.  For a month of state's records.  If a month of or an authorized representative of a member, executed in accordance with section 605.0203 (1) (b), Florida Statutes, y faise information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.
rective date is juried, the date inter is of filing.)  If the date inserted in this block does a sument's effective date on the Department of the provisions, if any.  REQUIRED SIGNATURE:  Signature of This document is to	not meet the applicable statutory filing requirements, this date will not ment of State's records.  I amount of State's records.  I a mounter or an authorized representative of a member: executed in accordance with section 605.0203 (1) (b), Florida Statutes y false information submitted in a document to the Department of State degree felony as provided for in 2.817.155, F.S.
Rective date is jured, the date intent of filing.)  If the date inserted in this block does a smeat's effective date on the Department's effective date on the Department is entered to the Department of the Department is entered to the Department is	not meet the applicable statutory filing requirements, this date will not ment of State's records.  If a monther or an authorized representative of a member: executed in accordance with section 605.0203 (1) (b), Florida Statutes y fairs information submitted in a document to the Department of State degree felony as provided for in 2.817.155, F.S.  Liman  Typod or printed name of signes
Rective date is jured, the date intent of filing.)  If the date inserted in this block does a smeat's effective date on the Department's effective date on the Department is entered to the Department of the Department is entered to the Department is	not meet the applicable statutory filing requirements, this date will not ment of State's records.  If a monther or an authorized representative of a member: executed in accordance with section 605.0203 (1) (b), Florida Statutes y fairs information submitted in a document to the Department of State degree felony as provided for in 2.817.155, F.S.  Liman  Typod or printed name of signes
Rective date is juried, the date inter is of filing.)  If the date inserted in this block does a sument's effective date on the Department of the Department	not meet the applicable statutory filing requirements, this date will not ment of State's records.  I a member or an authorized representative of a member: assecuted in accordance with section 605.0203 (1) (b), Florida Smittes by false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.  Liman  Typed or printed pame of signed  Filing Feral: of Organization and Designation of Registered Agent