

Apr. 15, 2021 5:21PM

4/15/2021

Division of Corporations

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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : GRAYROBINSON, P.A. - ORLANDO  
Account Number : I20010000078  
Phone : (407)843-8880  
Fax Number : (407)244-5690

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

Email Address: nora.miller@gray-robinson.com

FLORIDA LIMITED LIABILITY CO.  
SLRA Holdings, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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**ARTICLES OF ORGANIZATION**  
**FOR**  
**FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I**  
**Name**

The name of this Limited Liability Company is SLRA Holdings, LLC.

**ARTICLE II**  
**Address**

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

804 W. 2<sup>nd</sup> Avenue  
Windermere, FL 34786

**ARTICLE III**  
**Management**

This Limited Liability Company is to be managed by one or more managers. This Limited Liability Company shall have one (1) manager initially. The number of managers may be either increased or decreased from time to time in accordance with the Operating Agreement of this Limited Liability Company, but shall never be less than one.

The name and address of the initial manager of this Limited Liability Company is as follows:

<u>Name</u>	<u>Street Address</u>
Shelby Parker	804 W 2 <sup>nd</sup> Avenue Windermere, FL 34786

**ARTICLE IV**  
**Registered Agent, Registered Office & Registered Agent's Signature**

The name and the Florida street address of the Registered Agent of this Limited Liability Company is:

GrayRobinson, P.A.  
Attention: Nora Miller, Esq.  
301 E. Pine Street, Suite 1400  
Orlando, FL 32801

*Having been named as registered agent to accept service of process for this limited liability company at the place so designated in these Articles of Organization, I hereby accept this appointment and agree to serve this Limited Liability Company in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performs of my duties, and I am familiar*

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with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.



REGISTERED AGENT'S SIGNATURE



AUTHORIZED REPRESENTATIVE'S SIGNATURE

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

NORA MILLER, AUTHORIZED REPRESENTATIVE

Type or printed name of signee

FILING FEES:

\$100.00 Filing Fee for Articles of Organization  
\$25.00 Designation of Registered Agent  
\$30.00 Certified Copy (OPTIONAL)  
\$5.00 Certificate of Status (OPTIONAL)

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