

12/16/21, 1:01 PM

Division of Corporations

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.

(((H21000458000 3)))



H210004580003ABCU

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 : USACORP INC.
 Account Number : I20130000019
 Phone : (718)362-4789
 Fax Number : (718)408-2550

FILED
 2021 DEC 16 AM 9:47
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

Email Address: josh.strobel@gmail.com

FLORIDA LIMITED LIABILITY CO.
SlamHoldings LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

T. BURCH
 DEC 17 2021

(((H210004580003)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SlamHoldings 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:9623 PARKVIEW AVENUE
BOCA RATON, FL 33428**Mailing Address:**9623 PARKVIEW AVENUE
BOCA RATON, FL 33428**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:

JOSHUA STROBEL

Name

9623 PARKVIEW AVENUEFlorida street address (P.O. Box **NOT** acceptable)BOCA RATONFL33428

City

State

Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 DEC 16 AM 9:47

FILED

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..

/s/ JOSHUA STROBEL

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

(((H210004580003)))

(((H21000458000 3)))

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

JOSHUA STROBEL

9623 PARKVIEW AVENUE

BOCA RATON, FL 33428

AMBR

SARAH STERN

9623 PARKVIEW AVENUE

BOCA RATON, FL 33428

(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:**

/s/ JOSHUA STROBEL

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.

JOSHUA STROBEL

Typed or printed name of signer

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)

(((H21000458000 3)))

FILED
2021 DEC 16 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA