

3/21/23, 9:57 AM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L230001062902

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.

(((H23000106268 3)))



H230001062683ABC

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 : AGENTS AND CORPORATIONS, INC

Account Number : 120010002112

Phone : (302) 575-0875

Fax Number : (302) 575-1642

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
SALLEM LLC

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

2nd Attempt!

850-617-6381

3/22/2023 2:25:33 PM PAGE 1/001 Fax Server



March 22, 2023

FLORIDA DEPARTMENT OF STATE
Division of Corporations

AGENTS AND CORPORATIONS, INC

SUBJECT: SALLEM LLC
REF: W23000039181

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Dil Sultana
Regulatory Specialist II

FAX Aud. #: E23000106268
Letter Number: 623A00006634

11:22 PM 3/22/23

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SALLEM 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:

Mailing Address:

3534 WOODRING AVE
BALTIMORE, MD 21234

3534 WOODRING AVE
BALTIMORE, MD 21234

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:

AGENTS AND CORPORATIONS, INC.

Name

539 FIFTH AVENUE SOUTH SUITE 330

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

NAPLES FL 34102

City

Zip

FILED
MAR 22 PM 1:11
CLERK OF DISTRICT COURT
NAPLES, FL

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.

Agents and Corporations, Inc.

By: John L. Williams

Registered Agent's Signature (Required)

John L. Williams, President

(CONTINUED)

ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

SALEEMAH BROOKS, MGR.

3534 WOODRING AVE. BALTIMORE, MD 21234

LEMUEL RYAN, AMBR.

3534 WOODRING AVE. BALTIMORE, MD 21234

(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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.

(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.)

SALEEMAH BROOKS, MGR

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)