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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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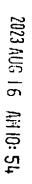
FLORIDA LIMITED LIABILITY CO.

Sliver Consultants LLC

Certificate of Status	1
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Help



ARTICLES OF ORGANIZATION

FOR

SLIVER CONSULTANTS LLC A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1. Name

The name of the Limited Liability Company is: Sliver Consultants LLC (the "Company").

ARTICLE II. Address

The principal office and mailing address of the Company is:

Apt G369 Tampa, FL 33602

ARTICLE III. Registered Agent, Registered Office, & Registered Agent's Signature

The name and the Florida Street Address of the Registered Agent are:

Vivek Wilson 1120 East Twiggs Street Apt G369 Tampa, FL 33602

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.

Oibline (sign)

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ARTICLE IV. Authorized Members and Managers

The Name and Address of each person authorized to manage and control the Limited Liability Company:

<u>Title</u>	Name and Address
AMBR = Authorized Member MGR = Manager	
MGR	Vivek Wilson 1120 East Twiggs Street Apt G369 Tampa, FL 33602

ARTICLE V.

The Effective date shall be the date of filing.

	र्ज भिर्मुख्य	(sign)
This document is executed in I am aware that any false info	accordance with section	presentative of a member. 605,0203 (1) (b), Florida Statutes, ocument to the Department of State ed for in s.817,155, F.S.
	Vivek Wilson	n
Auth	orized Representativ	re/Member

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