

# L24000328940

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

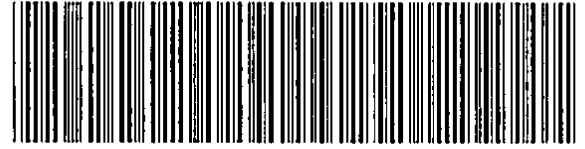
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TALLAHASSEE, FLORIDA

RECEIVED

2024 AUG -2 PM 4:25

TALLAHASSEE, FLORIDA

## Advanced Incorporating Service

1317 California Street  
P.O. Box 20396  
Tallahassee, FL 32316

Phone: 850-222-CORP  
Fax: 850-575-2724  
Email: [wlopez@aisincfl.com](mailto:wlopez@aisincfl.com)  
Website: [www.aisincfl.com](http://www.aisincfl.com)

NAME OF ENTITY Slapshort Propert Holdings, LLC	FOR OFFICE USE ONLY

### PICK ONE:

\_\_\_\_ CERTIFIED COPY    XX PHOTOCOPY    \_\_\_\_ C.U.S.

### FILING:

\_\_\_\_ CORPORATION    \_\_\_\_ LLC    \_\_\_\_ LIMITED PARTNERSHIP    \_\_\_\_ GENERAL PARTNERSHIP  
\_\_\_\_ FICTITIOUS NAME    \_\_\_\_ SERVICE MARK/TRADEMARK    XX AMENDMENT  
\_\_\_\_ FOREIGN QUALIFICATION    \_\_\_\_ JUDGMENT LIEN  
\_\_\_\_ OTHER \_\_\_\_\_

### RETRIEVAL:

\_\_\_\_ GOOD STANDING CERT/C.U.S.    \_\_\_\_ CERTIFIED COPY    \_\_\_\_ PHOTOCOPY  
Of \_\_\_\_\_

### APOSTILLE/NOTARY CERTIFICATION REQUEST:

Country \_\_\_\_\_

Amount of Documents \_\_\_\_\_

DATE 8/2/24    TIME \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_

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TALLAHASSEE, FLORIDA

TALLAHASSEE, FLORIDA

**If Changing Registered Agent, Signature of New Registered Agent**

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

[illegible]

2024 AUG -2 AM 10:12  
TALLAHASSEE, FLORIDA

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WALTON COUNTY FLORIDA

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7  
77  
D

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Dated AUGUST 8 2024

Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**