# Attorney & Counselor 516 Camden Avenue Stuart, Florida 34994

(561) 223-8600 Fax (561) 283-2419

July 29, 1997

Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

SUBJECT: SLIDEMOOR, L.C.

800002256008--2 -08/04/97--01037--002 \*\*\*\*285.00 \*\*\*\*285.00

Dear Sir/Ms:

Enclosed is an original and one (1) copy of the above referenced Limited Liability Corporation. We have also enclosed a check in the amount of \$285.00 for the filing fee and designation of registered agent. Please return a file stamped copy after filing the original documents to the address listed above.

Thank you in advance for your consideration in this matter.

Very truly yours,

Joseph A. Murphy, III

JAM/ks encl.

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### ARTICLES OF ORGANIZATION FOR SLIDEMOOR, A LIMITED LIABILITY COMPANY

#### **ARTICLE I**

The name of the limited liability company is: SLIDEMOOR, L.C..

#### **ARTICLE II**

The mailing address of the principal office of the limited liability company is:

3504 SE Narragansett Terrace Stuart, Fl 34997.

#### **ARTICLE III**

The period of duration for the Limited Liability Company shall be perpetual.

#### **ARTICLE IV**

The Limited Liability Company is to be managed by the following persons as the managing members:

Tom D. Parsons 3504 SE Narragansett Terrace Stuart, FL 34997

Linda Parsons
3504 SE Narragansett Terrace
Stuart, FL 34997.



#### ARTICLE V

The members of this Limited Liability Company may admit additional members upon the written approval of all the members of the Limited Liability Company.

Date: 7-29-97

TOM D. PARSONS, Managing Member

Date:  $\frac{7/29/97}{}$ 

LINDA PARSONS, Managing Member

## AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

	The to the
The undersigned member or authorized representative of a member of	The state of
SLIDEMOOR, L.C. deposes an	d says:
1) the above named limited liability company has at least two members	7
2) the total amount of cash contributed by the member(s) is	\$ 410.00
3) if any, the agreed value of property other than cash contributed by member(s A description of the property is attached and needs a part needs.	
4) the amount of cash or property anticipated to be contributed by member(s) is	\$ 500.00
5) the total amounts of 2, 3 and 4 is	\$1620.00

Signature of a member or authorized representative of a member.

TOM D. PARSONS
(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1.	The name of the limited liability company is:	SLIDEMOOR, L.C.	
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2.	The name and address of the registered agent a	and office is:	15 <b>9</b>
	TOM D. PARSONS (NAME)		FILE FILE
	3504 SE Narragansett		1 JH II: 21
	(P. O. Box NOT AC	CCEPTABLE)	+ 21
	Stuart, Florida 34994		3
	(CITY/STATE	Z/ZIP)	-
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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.

(SIGNATURE) 7-29-97 (DATE)