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TRANSMITTAL LETTER

TO: Registration Section

Division of	of Corporations						
SUBJECT:	SLB5, L.L.C.						
	(Name of Limited	Liability Company)					
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.							
Please return all c	correspondence concerning this matte	er to the following:					
		A. CORNELIUS of Person)	SECR 2001				
· .	52 B5 , 2. (Firm/0	Z.C. Company)	NUG 21 1				
(Name of Person) SLBS, L.L.C. (Firm/Company) 1024 EXECUTIVE PARK AVE. (Address)							
BATON ROUGE, LA 70806 (City/State and Zip Code)							
For further information concerning this matter, please call:							
MANUE	(Name of Person)	at (<u>225</u>) <u>927 - 77</u> (Area Code & Daytime Telep	125 hone Number)				
Registration Division of 409 E. Ga Tallahasse	ADDRESS: on Section of Corporations ines Street ee, Florida 32399 ck for the following amount:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 3231	.4				

□ \$125.00 Filing Fee □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate
Certificate of Status Certified Copy of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT RUSINESS IN THE STATE OF FLORIDA:

	(Name	of Foreign Limited Liab	oility Company)	
20415	IANA	3	26 - 00912 (FEI number,	265
sdiction under pany is organ	er the law of which foreignized)	gn limited liability	(FEI number,	if applicable)
JULY	15.2004	5	PERPETUI	AL
(D	ate of Organization)		(Duration: Year limited lia exist or "perpetual")	AL bility company will cease to
				- Pin -
	(Date first trans (See sections 608	acted business in Florid 3.501 & 608,502 F.S. to	a, if prior to registration.) determine penalty liability)	TCLETARY 0:31
1024	EXECUTION	E PARK AV.	E.	75 Jan 1
RATA	AN DOUGE	11 708	*116	E SM
DATO	NOUGE,	(Street Address of I	06 Principal Office)	- 30 T
	RT A. COM EXECUTIV		AVE	
	N RAUGE	, LA 7	10806	
BATOI	Nouge			
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BATON attached is an ornisdiction under attorn of the cert Nature of bu	iginal certificate of existent of the law of which it is orgatificate under oath of the transitions or purposes to Signature of a (In accordance with an affirmation under	nce, no more than 90 days canized. (A photocopy is anslator must be submitted by the conducted or producted o	not acceptable. If the certificated) romoted in Florida: AINTENANCE orized representative of the execution of this document that the facts stated herein are	te is in a foreign language, a HVAC MAINTEN AND REPAIK a member. constitutes

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 TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1.	The name of the Limited Liability Company is:			
	SLBS LLC	<u> </u>		
2.	The name and the Florida street address of the registered agent and office are:	ALL SEC	7004	
	Agents and Corporations, Inc.		1 AUG	
	(Name)	NRY O	627	
	Cuito E 773 Ath Avenue North	- Ti	U	Ö
	Florida Street Address (P.O. Box NOT ACCEPTABLE)		$\dot{\omega}$	***************************************
	· · · · · · · · · · · · · · · · · · ·	-	09	
	Naples FL 34102			
	City/State/Zip			

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 608, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)



As Secretary of State, of the State of Louisiana, I do hereby Certify that the Articles of Organization of

SLBS, L.L.C.

Domiciled at BATON ROUGE, LOUISIANA,

Were filed in this Office and a Certificate of Organ was issued on July 15, 2004,

I further certify that no Certificate of Dissolution has been issued.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on, August 24, 2004

MBE 35742431K

Secretary of State

