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DECRETARY OF STATE
FALLAHASSEE, FLORID,

D. BRUCE
MAR 1 5 2011
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	•	
SUBJECT: SLP CONSULTING L	LC	
Na	ame of Limited Liability Company	
The enclosed "Application by Foreign Limited Liz Existence, and check are submitted to register the	ability Company for Authorization to Transact Business in Florida," Certifica above referenced foreign limited liability company to transact business in Fl	ate of orida
Please return all correspondence concerning this m	natter to the following:	
MITCHELL J. HOWARI	·	
	Name of Person	
MITCHELL J. HOWARD	CPA, PA	
	Firm/Company	
3800 S. OCEAN DRIVI	E SUITE 228	
	Address	
HOLLYWOOD, FL 3301	9	
	City/State and Zip Code	
LEONOR@MITCHE	LLHOWARDCPA.COM	
E-mail address:	(to be used for future annual report notification)	
For further information concerning this matter, ple		***********
MITCHELL HOWARD	at (954) 454-1119	[]
Name of Person	Area Code & Daytime Telephone Number	-
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	Area Code & Daytime Telephone Number STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	カフ
Enclosed is a check for the following amo \$\sqrt{125.00 Filing Fee}\$ \text{\$\sqrt{\$130.00 Filing Fee}}\$ Certificate of St	Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate	

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 BUSINESS IN THE STATE OF FLORIDA:

1. SLP CONSULTING LLC (Name of Foreign Limited Liability Company; must incl	ude "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpo consent of the managers or managing members adopting the alto Company," "L.L.C," "LLC.")	ose of transacting business in Florida and attach a copy of the writtenernate name. The alternate name must include "Limited Liability
2. MICHIGAN	3. 27-1226769
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4. OCTOBER 19, 2009	5. PERPETUAL
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6. FEBRUARY 23, 2011	
(Date first transacted business in F (See sections 608.501 & 608.502 F.S	lorida, if prior to registration.) S. to determine penalty liability)
7. 11330 LAKE SHORE DR	
COOPER CITY, FL 33026	
(Street Address	s of Principal Office)
8. If limited liability company is a manager-managed	d company, check here
9. The name and usual business addresses of the mar	naging members or managers are as follows:
STEVEN L. PLEE	[S] = []
11330 LAKE SHORE DR	27 RIDA
COOPER CITY, FL 33026	
10. Attached is an original certificate of existence, no more than 90 the jurisdiction under the law of which it is organized. (A photocoparanslation of the certificate under oath of the translator must be sub	
11. Nature of business or purposes to be conducted of	or promoted in Florida:
CONSULTING	
	<u></u>
	uthorized representative of a member.
(In accordance with section 608.408(3), F.S., the exec	cution of this document constitutes an affirmation under the

document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

STEVEN L. PLEE

penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a

Typed or printed name of signee

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.

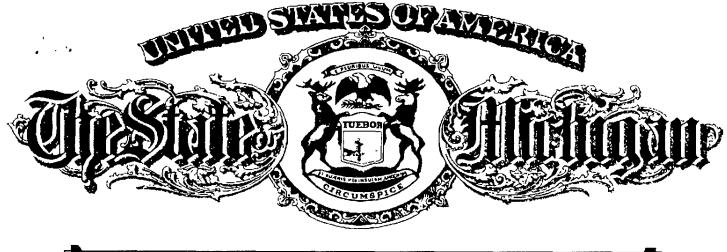
The name of the Limited Liability Company is: SLP CONSULTING LLC		
If unavailable, the alternate to be used in the	e state of Florida is:	
2. The name and the Florida street address of	of the registered agent and office are:	
STEVEN L. PLEE	(Name)	
11330 LAKE SHORE Florida Street Add	DR ress (P.O. Box NOT ACCEPTABLE)	
COOPER CITY	FL 33026	
	City/State/Zip	

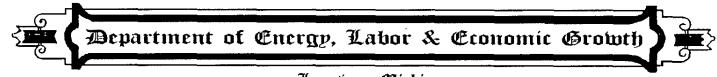
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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)







Lausing, Michigan

This is to Certify That

SLP CONSULTING LLC

was validly organized on October 19, 2009 as a Limited Liability Company. Said Limited Liability Company is validly in existence under the laws of this state and has satisfied its annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23, as amended, to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 4th day of February, 2011

Sheffe Director

Bureau of Commercial Services