

MI6000003832

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100285521891

05/11/16--01004--008 **125.00

FILED
16 MAY 11 AM 10:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 13 2016

Y SULKER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SLP Enterprises 1607, LLC
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 correspondence concerning this matter to the following:

Robert Salvador
Name of Person

SLP Enterprises, LLC
Firm/Company

2225 Great Lakes Dr #376
Address

Dyer, IN 46311
City/State and Zip Code

rob@slp-enterprises.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rob Salvador at (815) 545-7099
Name of Contact Person Area Code Daytime Telephone Number

MAILING ADDRESS:
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

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

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. SLP Enterprises, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

SLP Enterprises 1607, LLC
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Indiana, USA 3. 46-4460011
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. NA
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2225 Great Lakes Dr, #376, Dyer, IN 46311
(Street Address of Principal Office)

6. Same
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Jerry Pardue
Office Address: 27 Westmoreland Dr
Palm Coast, Florida 32164
(City) (Zip code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 MAY 11 AM 11:33

Registered agent's acceptance:

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 application, I hereby accept the appointment as registered agent and agree to act in this capacity, further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Jerry Pardue

Digitally signed by Jerry Pardue
DN: cn=Jerry Pardue, o, ou, email=robert@slp-enterprises.com, c=US
Date: 2016.05.06 07:23:33 -0500

(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Jerry Pardue, Project Manager, 27 Westmoreland Dr, Palm Coast, FL 32164

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

Robert J Salvador

Digitally signed by Robert J Salvador
DN: cn=Robert J Salvador, o, ou, email=rob@slp-enterprises.com, c=US
Date: 2016.05.06 11:48:57 -0500

Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Robert J Salvador

Digitally signed by Robert J Salvador
DN: cn=Robert J Salvador, o, ou, email=rob@slp-enterprises.com, c=US
Date: 2016.05.06 11:49:42 -0500

Typed or printed name of signee

**State of Indiana
Office of the Secretary of State**

Certified Copies

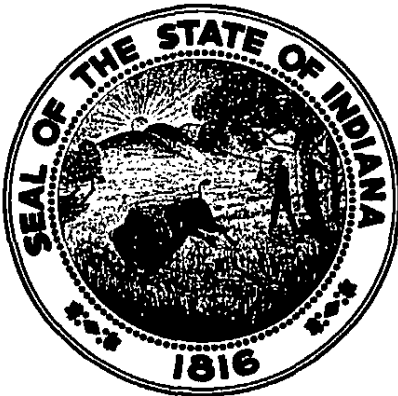
To Whom These Presents Come, Greetings:

I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that this is a true and complete copy of this 1 page document consisting of the following records filed in this office:

Certification Date: May 10, 2016
Business Name: SLP ENTERPRISES LLC
Business ID: 2014010800031

Transaction	Date Filed	No. of pages
Business Entity Report	02/09/2016	1
Total No. of pages		1



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, May 10, 2016

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

CertificateID: 9335992

Page 1 of 2

INDIANA BUSINESS ENTITY REPORT

Indiana Secretary of State

2/8/2016 1:54:54 PM

Filer Name

CHRISTIAN W BARTHOLOMEW

Filer Title

ATTORNEY

Years Filed

2016/2017

Entity name and current principal office address

SLP ENTERPRISES LLC
116 EAST COLUMBIA AVE
APT 5
GRIFFITH, IN 46319

Entity Creation Date

1/7/2014

Domicile State

INDIANA

Entity Type

DOMESTIC LIMITED LIABILITY COMPANY (LLC)

Current registered agent and registered address

CHRISTIAN W. BARTHOLOMEW
5246 HOHMAN AVENUE, FIFTH FLOOR
HAMMOND, IN 46320

Current principal(s) and address(es)

PRESIDENT

ROB SALVADOR
116 EAST COLUMBIA AVE
APT 5
GRIFFITH, IN 46319