

M17000006360

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

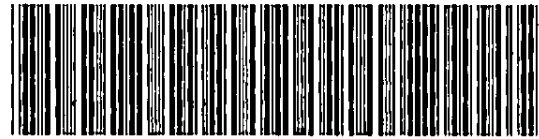
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600301593256

07/24/17--01025--009 **125.00

FILED
17 JUL 24 PM 4:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten Signature]
7/27/17

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: SLA Consultants, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Aaron C. Firstenberger, Esq.

Name of Person

Strip Hoppers Leithart McGrath & Terlecky Co., LPA

Firm/Company

575 S. Third Street

Address

Columbus, OH 43215

City/State and Zip Code

Lindseyurell@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Aaron C. Firstenberger 614 228-6345
at ()
Name of Person Area Code Daytime Telephone Number

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 (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**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. SLA Consultants, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "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. Ohio 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 06/29/2017
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. Two Brickell City Centre 78 SW 7th Street, Suite 5
(Street Address of Principal Office)
Miami, Florida 33130

6. Two Brickell City Centre 78 SW 7th Street, Suite 5
(Mailing Address)
Miami, Florida 33130

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

Name: Lindsey Urell

Office Address: Two Brickell City Centre 78 SW 7th Street Suite 500
Miami, Florida 33130
(City) (Zip code)

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. I 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.

Lindsey Urell Manager
(Registered agent's signature)

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

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Managing Member</u>	<u>Lindsey Urell</u> <u>Two Brickell City Centre 78 S</u> <u>Miami, Florida 33130</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Use attachments if necessary)

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)

10. 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.

Lindsey Urell Manager
Signature of an authorized person

Lindsey Urell Manager
Typed or printed name of signee

FILED
17 JUL 24 PM 4:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show SLA CONSULTANTS, LLC, an Ohio For Profit Limited Liability Company, Registration Number 2375253, was organized within the State of Ohio on March 11, 2015, is currently in FULL FORCE AND EFFECT upon the records of this office.



*Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 28th day of June, A.D. 2017.*

Jon Husted

Ohio Secretary of State

Validation Number: 201717904384