

M20000003122

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And Reprint  
W200000024206

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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US ✓



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 4, 2020

MELANIE SLAGA  
4204 MARINA VILLA DRIVE  
DUCK KEY, FL 33050

SUBJECT: SLAGA MILNER, LLC  
Ref. Number: W20000024206

We have received your document for SLAGA MILNER, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yvette Scott  
Document Specialist II

Letter Number: 320A00004837

*Completed as  
requested.*

*Melanie SLAGA*

RECEIVED

MAR 13 2020

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Slaga Milner, 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:

Melanie Slaga

Name of Person

Slaga Milner, LLC

Firm/Company

4204 Marina Villa Drive

Address

Duck Key, FL 33050

City/State and Zip Code

meslaga@me.com

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

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For further information concerning this matter, please call:

Melanie Slaga 210 854-0303  
Name of Contact Person at (      ) Area Code Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

\$125.00 Filing Fee  \$130.00 Filing Fee &  \$155.00 Filing Fee &  \$160.00 Filing Fee, 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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:*

1. Slaga Milner, 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. Texas

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 46-2327198

(FEI number, if applicable)

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

5. 220 W. Seaview Drive  
(Street Address of Principal Office)

6. 220 W. Seaview Drive  
(Mailing Address)

Duck Key, FL 33050

Duck Key, FL 33050

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

Name: Melanie Slaga

Office Address: 220 W. Seaview Drive

Duck Key 33050  
(City) , Florida (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.*

Melanie Slaga, manager

(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: Melanie Slaga	<input checked="" type="checkbox"/> Manager	Name: Brian Slaga
<input type="checkbox"/> Member	Address: 220 W. Seaview Dr.	<input type="checkbox"/> Member	Address: 220 W. Seaview
<input type="checkbox"/> Authorized	Duck Key, FL 33050	<input type="checkbox"/> Authorized	Duck Key, FL 33050
Person		Person	
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: _____	 <input type="checkbox"/> Manager	Name: _____
 <input type="checkbox"/> Member	Address: _____	 <input type="checkbox"/> Member	Address: _____
 <input type="checkbox"/> Authorized	_____	 <input type="checkbox"/> Authorized	_____
Person		Person	
 <input type="checkbox"/> Other _____	 <input type="checkbox"/> Other _____	 <input type="checkbox"/> Other _____	 <input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: _____	 <input type="checkbox"/> Manager	Name: _____
 <input type="checkbox"/> Member	Address: _____	 <input type="checkbox"/> Member	Address: _____
 <input type="checkbox"/> Authorized	_____	 <input type="checkbox"/> Authorized	_____
Person		Person	
 <input type="checkbox"/> Other _____	 <input type="checkbox"/> Other _____	 <input type="checkbox"/> Other _____	 <input type="checkbox"/> Other _____

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Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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.

Melanie Slaga  
Signature of an authorized person

Typed or printed name of signee

Melanie Slaga, Manager

Corporations Section  
P.O. Box 13697  
Austin, Texas 78711-3697



Ruth R. Hughs  
Secretary of State

## Office of the Secretary of State

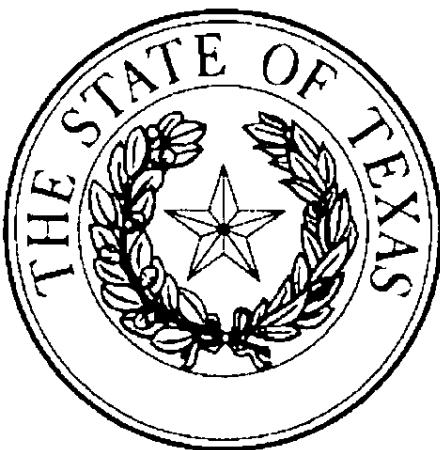
### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Slaga Milner, LLC (file number 801752068), a Domestic Limited Liability Company (LLC), was filed in this office on March 19, 2013.

It is further certified that the entity status in Texas is in existence.

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S E C R E T A R Y O F S T A T E  
T A L L A H A S S E E , F L O R I D A  
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In testimony whereof, I have hereunto signed my name officially and caused to be impressed thereon the Seal of State at my office in Austin, Texas on February 27, 2020.



A handwritten signature of Ruth R. Hughs.

Ruth R. Hughs  
Secretary of State