P11000059816

(Re	equestor's Name)			
(Ad	ldress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



200209358452

0628792888258458.75





COVER LETTER

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

SUBJECT: SLT Capital Inc	
(PROPOSED CORPORATE NAME – MUST INCLUDE SU	J <u>FFIX</u>)
Enclosed are an original and one (1) copy of the articles of incorporation and a chec	k for:
Filing Fee Filing Fee Filing Fee Filing Fee Filing Fee & Certificate of Status	
FROM: MCISSA SIVA Name (Printed or typed)	
343 W. Eric Str. 450	
Chicaso IL WUJY City, State & Zip	2011 JUN 28 PM
Daytime Telephone number	2: 2: 3: 3: 3: 3: 3: 3: 3: 3: 3: 3: 3: 3: 3:
E-mail address: (to be used for future annual report notificat	_

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corporation shall be: SLT COPICAL ARTICLE II PRINCIPAL OFFICE Principal street address DVC ACTICLE III PURPOSE The purpose for which the corporation is organized is: ARTICLE III PURPOSE The purpose for which the corporation is organized is: ARTICLE IV SHARES The number of shares of stock is: DO ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Address:	ARTICLE I	VAME	•	
ARTICLE II PURPOSE The number of shares of stock is: IOO ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Address: Address: Address: Address: Name and Title: Address: Address: Address: ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Address: ARTICLE VI INCORPORATOR Required Signature Registered Agent Required Signature Registered agent and agree to act in this capacity Required Signature Registered Agent Required Si	The name of the corp	poration shall be: SLT Capital, Ir	~C	
Principal Street address ARTICLE IV SHARES The purpose for which the corporation is organized is: ARTICLE IV SHARES The number of shares of stock is: DO ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Address: Address: Name and Title: Address: Name: Address: Address: ARTICLE VI REGISTERED AGENT The name and Plorida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Address: ARTICLE VII INCORPORATOR APT 2992 ARTICLE VII INCORPORATOR ADDRESS: Address: Address: Address: Address: Address: Address of the incorporator is: Name: Address: Address of the incorporator is: Name: Address: Address: Address of the incorporator is: Name: Address: Address: Address of the incorporator is: Name: Address: Address: Address: Address: Address: Address: Address: Address: Address: Address of the incorporator is: Name: Address: Address				
ARTICLE IV SHARES The purpose for which the corporation is organized is: ARTICLE IV SHARES The number of shares of stock is: [OD] ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: [ACID] A. Address: Address: [ACID] A. Address: [ACID] Name and Title: [ACID] A. Address:		Principal street address	Mailin	g address, if different is:
ARTICLE IV SHARES The number of shares of stock is: DO ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Address: Addr				
The purpose for which the corporation is organized is: ARTICLE IV SHARES The number of shares of stock is: IOO ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Address: Principle of Address: Addres				
The purpose for which the corporation is organized is: ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Address: Address: Address: Name and Title: Address: Name and Title: Address: Name and Title: Address: Addr	_	Man, 7-33103		
ARTICLE IV SHARES The number of shares of stock is: DO ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Address: Add	ARTICLE III P	URPOSE		
The number of shares of stock is: DO ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: LACK M. Arc. Product Address: Address: Address: Name and Title: Address: Address: Name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Address: Lec 7 3 Bay shore Delive Apr. 2902 ARTICLE VII INCORPORATOR IS: Name: Address:	The purpose for whi	ch the corporation is organized is:		
The number of shares of stock is: DO ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: LACK M. Arc. Product Address: Address: Address: Name and Title: Address: Address: Name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Address: Lec 7 3 Bay shore Delive Apr. 2902 ARTICLE VII INCORPORATOR IS: Name: Address:				
The number of shares of stock is: DO ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: LACK M. Arc. Product Address: Address: Address: Name and Title: Address: Address: Name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Address: Lec 7 3 Bay shore Delive Apr. 2902 ARTICLE VII INCORPORATOR IS: Name: Address:				
The number of shares of stock is: DO ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: LACK M. Arc. Product Address: Address: Address: Name and Title: Address: Address: Name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Address: Lec 7 3 Bay shore Delive Apr. 2902 ARTICLE VII INCORPORATOR IS: Name: Address:				
The number of shares of stock is: DO ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: LACK M. Arc. Product Address: Address: Address: Name and Title: Address: Address: Name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Address: Lec 7 3 Bay shore Delive Apr. 2902 ARTICLE VII INCORPORATOR IS: Name: Address:				
The number of shares of stock is: DO ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: LACK M. Arc. Product Address: Address: Address: Name and Title: Address: Address: Name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Address: Lec 7 3 Bay shore Delive Apr. 2902 ARTICLE VII INCORPORATOR IS: Name: Address:	ADTICI E III C	UADEC .		·
Name and Title: Address: Address: Address: Address: Address: Name and Title: Address: Address: Name and Title: Address: Address				
Name and Title: Address: Address: Address: Address: Address: Name and Title: Address: Name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Address: Addres	The number of share.	TOT STOCK IS. 100		
Address: Address				
Name and Title: Address: Name and Title: Address: Name and Title: Address: Name and Title: Address: Name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Address: Ze215 Bay Shore Delive Apt 2902 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Address: Address: Address: Address: Address: Address: Article VII INCORPORATOR Apt 2902 ARTICLE VII INCORPORATOR Address: Address		: Kan M. Swor President		
Name and Title: Address: Name and Title: Address: Name and Title: Address: Name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Address: Apr. 2902 ARTICLE VII INCORPORATOR Address of the Incorporator is: Name: Address: Address: Address: Address: Address: Address of the Incorporator is: Name: Address: Address: Address: Address: Address: Address of the Incorporator is: Name: Address: A	Address:	2027 S. Salshon Dou	Address:	
Name and Title: Address: Name and Title: Address: Name and Title: Address: Name and Title: Address: Ad				
Name and Title: Address: Name and Title: Address: Addr		MIANI 116 30100		
Name and Title: Address: Name and Title: Address: Addr	Name and Title	2	Name and Title:	
Name and Title: Address: Apri 2902 Article vii Incorporator is: Name: Address: Ad			A 11	•
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Address: Address: Address: Address: Address: Address: ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Address:				
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Address: Address: Address: Address: Address: Address: ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Address:				
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Address: Address: Address: Address: Address: Address: ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Address:	Name and Title	2.	Name and Title	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Address: APT 2902 ARTICLE VII INCORPORATOR Address: Name: Address: Addres				
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Address: APT 2902 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Address: Article VII INCORPORATOR The name and address of the Incorporator is: Name: Address:				
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Address: APT 2902 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Address: Article VII INCORPORATOR The name and address of the Incorporator is: Name: Address:				
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Address: APT 2902 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Address: Article VII INCORPORATOR The name and address of the Incorporator is: Name: Address:	ARTICIE VI R	EGISTERED AGENT		
Name: Address: APT 2902 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Address: Add			he registered agent is:	
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Address: Address		Ryan Shrar		
The name and address of the Incorporator is: Name: Address: Address: Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the 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.	Address:	. 2621 & Bay Shore Drive	,	¥ . 2
The name and address of the Incorporator is: Name: Address: Address: Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the 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.		_ APT 2982		
The name and address of the Incorporator is: Name: Address: Address: Address: Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the 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.	ADDICE D 1011 II			
Name: Address: Dign Specific Proc Apt 2901 Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Required Signature/Registered Agent Date I submit this document and affirm that the facts stated herein are true. I am aware that the 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.				
Address: Man A 3233 Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the 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.				\$ \frac{1}{2} \fra
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Required Signature/Registered Agent Date I submit this document and affirm that the facts stated herein are true. I am aware that the 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.			2902	tal.
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Required Signature/Registered Agent Date I submit this document and affirm that the facts stated herein are true. I am aware that the 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.	• • • • • • • • • • • • • • • • • • • •	Mig. 12 32133		
Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the 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.				
Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the 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.				
I submit this document and affirm that the facts stated herein are true. I am aware that the 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.	inis certificate, 1 am j	amiliar with and accept the appointment as regist	terea agent and agree to	o act in this capacity \
I submit this document and affirm that the facts stated herein are true. I am aware that the 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.		///		10/20/11
I submit this document and affirm that the facts stated herein are true. I am aware that the 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.		Parista Silver Parista 14		<u> </u>
document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.		/ Required Signature/Registered Agent		Date
document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	I submit this docume	ent and affirm that the facts stated herein are to	rue. I am aware that th	ne false information submitted in a
Required Signature/Incorporator Date	document to th <mark>e</mark> Depo	rrtment of State opnstitutes a third degree felony (as provided for in s.817.	155, F.S.
Required Signature/Incorporator Date		/ 1//		(12.1)
Required Signature/Incorporator Date		/ FT		4/2111
		Required Signature/Incorporator		Date