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PICK-UP	☐ WAIT	MAIL.		
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12/10/12--01041--005 **78.75

COVER LETTER

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

SUBJECT: SL SALES, INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

•

Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	l a check for:
\$70.00	■ \$78.75	\$78.75	\$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
-	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate of
			Status
		ADDITIONAL COPY REQUIRED	

FROM: SHELDON LEVY
Name (Printed or typed)

900 GREENSWARD LANE, #207

Address

DELRAY BEACH, FL 33445

City, State & Zip

561-703-8244

Daytime Telephone number

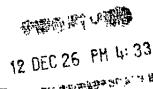
LEVY899@GMAIL.COM

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

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

38 0EC 26 PH 2: L3





December 11, 2012

SHELDON LEVY 900 GREENSWARD LANE #207 DELRAY BEACH, FL 33445

SUBJECT: SL SALES, INC. Ref. Number: W12000061309

We have received your document for SL SALES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of 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) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 412A00029256

SECIEL 14 TO POST ATIONS
STORE 14 TO POST ATIONS

EFFECTIVE DATE OIOI 13

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

ARTICLE 1 No.	TAME oration shall be: SJL SALES	AND MARKETING,	INC.	
900	PRINCIPAL OFFICE Principal street address GREENSWARD LANE, #207 LRAY BEACH, FL 33445	Mailing address	Mailing address, if different is:	
	URPOSE ch the corporation is organized is: AN'	Y AND ALL BUSINESS PF	RACTICES	
*** EFFECTIVE	DATE JANUARY 1, 2013 ***		3ECM (A) NVISION (F	
The number of shares	of stock is: 10		0	
			₽ %25 5	
	NITIAL OFFICERS AND/OR DIRE E: SHELDON LEVY		D) #	
Address:	900 GREENSWARD LANE, #207	Name and Title: Address:		
Addiess.	DELRAY BEACH, FL 33445	Address:	<u>⇔ 0.</u>	
Name and Title Address:		Address:		
Name and Title Address:	»:	Name and Title:Address:		
The name and Florid	EGISTERED AGENT da street address (P.O. Box NOT accep SHELDON LEVY	table) of the registered agent is:		
Name: Address:	900 GREENSWARD LANE, #207			
Address.	DELRAY BEACH, FL 33445			
ARTICLE VII	MORRON 4 MOR			
	NCORPORATOR ess of the Incorporator is:			
Name:	SHELDON LEVY			
Address:	900 GREENSWARD LANE, #207			
	DELRAY BEACH, FL 33445			
Having been named this certificate, I am	as registered agent to accept service of familiar with and accept the appointment	process for the above stated corporation on the properties of the state of the stat	n at the place designated in this capacity	
7	Required Signature/Registered Ag	ent	Date	
I submit this documend document to the Dep	ent and affirm that the facts stated her artment of State constitutes a third degr	ein are true. I am aware that the false ee felony as provided for in s.817.155, F	information submitted in a T.S.	
The	la film			
/ "	Required Signature/Incorporator	r	Date	