

L10000131420

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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12/06/10--01023--001 **130.00

FILED
2010 DEC 27 AM 8:32
TALLAHASSEE, FLORIDA

C. LEWIS
DEC 28 2010
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 7, 2010

TALIB KAIZER
417 NE 2ND STREET
FORT LAUDERDALE, FL 33301

SUBJECT: SLICE LLC
Ref. Number: W10000056657

We have received your document for SLICE LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

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

If you have any further questions concerning your document, please call (850) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 210A00028328

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SLICE ELEMENTS 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:

KAIZER TALIB

Name of Person

SLICE ELEMENTS LLC

Firm/Company

417 NE 2ND STREET

Address

FORT LAUDERDALE, FL 33301

City/State and Zip Code

architectkaizer@aol.com

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

For further information concerning this matter, please call:

KAIZER TALIB

Name of Person

at (954) 529 6667
954 524 1444

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

FEE WAS SENT

☐ \$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

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

Street/Courier Address

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SLICE ELEMENTS LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

417 NE 2nd STREET
FORT LAUDERDALE
FL 33301

Mailing Address:

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

KAIZER TALIB

Name

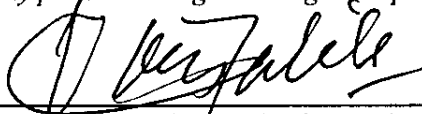
417 HE 2nd STREET

Florida street address (P.O. Box NOT acceptable)

FORT LAUDERDALE FL 33301

City, State, and Zip

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
2010 DEC 27 AM 10:32
CLERK OF DISTRICT COURT
ALACHUA COUNTY, FLORIDA

FILED

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

2010 DEC 27 AM 8:32

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MGRM

Jones Brett
417 HE 2nd STREET
FORT LAUDERDALE, FL 33301

MGRM

Nick Mantis
417 HE 2nd STREET
FORT LAUDERDALE, FL 33301

MGRM

KAIZER TALIB
417 HE 2nd STREET
FORT LAUDERDALE, FL 33301

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: January 1st, 2011 (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

KAIZER TALIB

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)