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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone #	)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	<del> </del>
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WAR 18 2014 J. HARRIS

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Slice of Heaven, LLC  Name of Limited Liability Company	
Name of Elither Clabinty Company	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Jeanne C Carter	
Name of Person	
Son Seekers, LLC	<b>-</b> 9
Firm/Company	SECRE
2440 Scenic Gulf Drive, Unit 101	
Address	
Miramar Beach, FL 32550  City/State and Zip Code	PORA PORA
Miramar Beach, FL 32550  City/State and Zip Code	
jhc000588@gmail.com	<i>75</i> 5
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Jeanne C, Carter at ( 850 ) 685-0435	
Name of Person Area Code Daytime Telephone Number	
Francisco de la charle Conde de Marcine account.	
Enclosed is a check for the following amount:   \$\overline{\overli	d)
Mailing Address Street/Courier Address	
Registration Section Registration Section	
Division of Corporations P.O. Box 6327  Division of Corporations Clifton Building	
Tallahassee, FL 32314  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 of Heaven, LLC (Must end with the words "Limited Li	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office.	ce of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2440 Scenic Gulf Drive, Unit 101 Miramar Beach, FL 32550	2440 Scenic Gulf Drive, Unit 101 Miramar Beach, FL 32550
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Reanother business entity with an active Florida registration.)	egistered Agent. You must designate an individual or
The name and the Florida street address of the registered ag	gent are:
<u>Jeanne C. Carter</u> Name	
2440 Scenic Gulf Drive, Unit 10 Florida street address (P.O. Box N	
Miramar Beach	FL 32550
City	Zip
the place designated in this certificate, I hereby accept the capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig	

(CONTINUED)

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14 MAR IL AMII: LS

SECICETARY OF STATE

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	Jeanne C Carter
	2440 Scenic Gulf Drive, Unit 101 Miramar Beach, FL 32550
<del> </del>	· · · · · · · · · · · · · · · · · · ·
(Use attachment if necessary)	
CLE V: Effective date, if other than the date	of filing: (OPTIONAL)
CLE V: Effective date, if other than the date	e of filing:
CLE V: Effective date, if other than the date effective date is listed, the date must be sp te of filing.)	e of filing: (OPTIONAL) secific and cannot be more than five business days prior to or 90 days a
CLE V: Effective date, if other than the date effective date is listed, the date must be sp te of filing.)	of filing: (OPTIONAL) secific and cannot be more than five business days prior to or 90 days a
CLE V: Effective date, if other than the date effective date is listed, the date must be sp te of filing.)  CLE VI: Other provisions, if any.	ecific and cannot be more than five business days prior to or 90 days a
CLE V: Effective date, if other than the date effective date is listed, the date must be sp te of filing.)  CLE VI: Other provisions, if any.	ecific and cannot be more than five business days prior to or 90 days a
CLE V: Effective date, if other than the date effective date is listed, the date must be sp te of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE  Signature of a me (In accordance with section 60 constitutes an affirmation under I am aware that any false infor	ecific and cannot be more than five business days prior to or 90 days a sember or an authorized representative of a member.  15.0203 (1) (b), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true.  15.0203 (1) (a) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c

The name and address of each person authorized to manage and control the Limited Liability Company:

ARTICLE IV-

Page 2 of 2

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)