

5/15/2020

L20000144634

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : PYNE LAW GROUP  
Account Number : 120110000059  
Phone : (850)215-9090  
Fax Number : (850)215-9045

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: laura.pyne@pynelawgroup.com

FLORIDA LIMITED LIABILITY CO.  
A Slice of the Good Life Florida LLC

Certificate of Status	1
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Page Count	01
Estimated Charge	\$130.00

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Corporate Filing Menu

Help

2020 JUN -4 PM 4:05

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** A Slice of the Good Life Florida 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:

Laura C. Pyne, Esq.

\_\_\_\_\_  
Name of Person

Pyne Law Group, P.A.

\_\_\_\_\_  
Firm/Company

2309 Frankford Avenue, Suite A

\_\_\_\_\_  
Address

Panama City, Florida 32405

\_\_\_\_\_  
City/State and Zip Code

laurapyne@pynelawgroup.com

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

For further information concerning this matter, please call:

Laura C. Pyne

850

215-9090

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$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**

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

**Street Address**

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

A Slice of the Good Life Florida LLC

(Must contain 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:

12 W. Wimbledon Way  
Rogers, AR 72758

Mailing Address:

12 W. Wimbledon Way  
Rogers, AR 72758

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:

Pyne Law Group, P.A. c/o Laura C. Pyne, Esq.

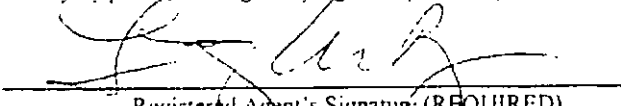
Name

2309 Frankford Avenue, Suite A

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

<u>Panama City</u>	<u>FL</u>	<u>32405</u>
City	State	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 605, F.S..*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

20

**ARTICLE IV-**

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

**Title:**

**Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Norris R. Roberts, Jr.  
12 W. Wimbledon Way  
Rogers, AR 72758

MGR

Karen L. Roberts  
12 W. Wimbledon Way  
Rogers, AR 72758

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

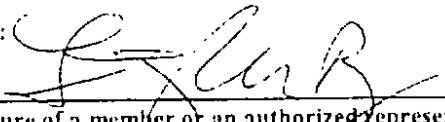
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**



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

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.

Laura Collins Pyne, Esq.

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)