

L210000 98239

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

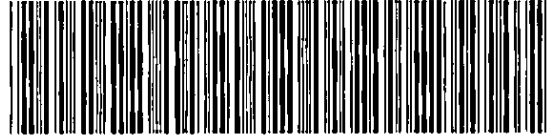
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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03/09/21-01:10

2021 MAR -8 PM 2:03

7:10



2021 MAR -9 PM 4:10

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-54372  
(850) 524-6243

\_\_\_\_\_  
(OFFICE USE ONLY)

**Business Name & Document Number, (if known):**

1. Slicers of Naples 2. LLC \_\_\_\_\_

Name

Document Number (if known)

Walk in

\_\_\_\_ Will wait

\_\_\_\_ Certified Copy

\_\_\_\_ Certificate of Status

**NEW FILINGS**

**AMENDMENTS**

\_\_\_\_ Profit

\_\_\_\_ Not for Profit

Limited Liability

\_\_\_\_ Domestication

\_\_\_\_ INC

\_\_\_\_ OTHER - Corp

\_\_\_\_ Amendment

\_\_\_\_ Resignation of R.A. Officer/Director

\_\_\_\_ Change of Registered Agent

\_\_\_\_ Dissolution/Withdrawal

\_\_\_\_ Conversion

\_\_\_\_ Merger

**OTHER FILINGS**

**REGISTRATION/QUALIFICATIONS**

\_\_\_\_ Annual Report

\_\_\_\_ Fictitious Name

\_\_\_\_ Statement of Authority

\_\_\_\_ APOSTIL ( ) \_\_\_\_\_

COUNTRY

\_\_\_\_ Foreign Filing

\_\_\_\_ Limited Partnership

\_\_\_\_ Reinstatement

\_\_\_\_ Trademark

\_\_\_\_ Other

EXAMINER'S INITIALS: \_\_\_\_\_

**COVER LETTER**

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

**SUBJECT: Slicers of Naples 2, 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:

**Derik Fay**  
Name of Person  
**Slicers of Naples 2, LLC**  
Firm/Company  
**9345 Ben C Pratt Six Mile Cypress Parkway, Suite 120**  
Address  
**Fort Myers, FL 33966**  
City/State and Zip Code  
**otherdocsforus@gmail.com**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Lura Barua** at ( **888** ) **650-3738**  
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:

Slicers of Naples 2, 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:

Mailing Address:

9345 Ben C Pratt Six Mile Cypress Parkway  
Suite 120  
Fort Myers, Fl, 33966

9345 Ben C Pratt Six Mile Cypress Parkway  
Suite 120  
Fort Myers, Fl, 33966

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:

Corporation Service Company  
Name

1201 Hays Street  
Florida street address (P.O. Box **NOT** acceptable)

Tallahassee                      Florida                      32301  
City                                      State                                      Zip

2021 MAR - 8 PM 2:03

*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)

**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

3F Management, LLC  
5248 Red Cedar Dr  
Fort Myers, FL 33907

MGR

William Francis  
27070 Eden Rock Court  
Bonita Springs, FL 34135

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

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

(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:**

*Derik Fay*

**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

Derik Fay

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)