

M180000/11178

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

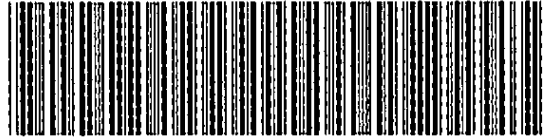
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DEC 12 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Slice of Life Properties, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Robert L Lockaby, Jr

Name of Person

Gearhiser, Peters, Elliott & Cannon, PLLC

Firm/Company

320 McCallie Avenue

Address

Chattanooga, TN 37402

City/State and Zip Code

rlockaby@gp.legal

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

For further information concerning this matter, please call:

Robert L Lockaby, Jr

423

756-5171

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

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

STREET ADDRESS:

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

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

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Slice of Life Properties, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Slice of Life Properties Florida, LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Tennessee 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 7973 Hampton Cove Drive 6. 7973 Hampton Cove Drive
(Street Address of Principal Office) (Mailing Address)

Ooltewah, TN 37363 Ooltewah, TN 37363

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Jeffery T. Seibenhener

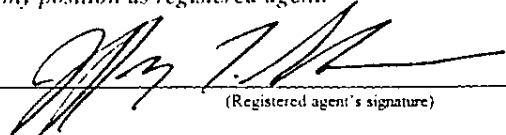
Office Address: 8727 Thomas Drive, Unit B18

Panama City Beach

Florida 32408

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar and accept the obligations of my position as registered agent.


(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity:

Name and Address:

President

Jeffery T. Seibenhener

7973 Hampton Cove Drive

Ooltewah, TN 37363

Secretary

Trina D. Seibenhener

7973 Hampton Cove Drive

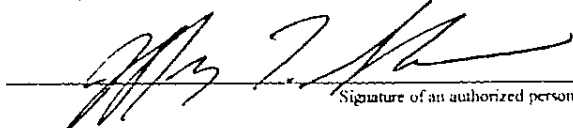
Ooltewah, TN 37363

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(Use attachments if necessary)

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate or of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false info submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Signature of an authorized person

Jeffery T. Seibenhener, President

Typed or printed name of signee



Tre Hargett
Secretary of State

**Division of Business Services
Department of State**

State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

November 27, 2018

ROBERT L LOCKABY JR
320 MCCALLIE AVENUE
CHATTANOOGA, TN 37402

Request Type: Certificate of Existence/Authorization
Request #: 0297330

Issuance Date: 11/27/2018
Copies Requested: 1

Document Receipt

Receipt #: 004389019 Filing Fee: \$20.00
Payment-Credit Card - State Payment Center - CC #: 3744595674 \$20.00

Regarding: Slice of Life Properties, LLC
Filing Type: Limited Liability Company - Domestic Control #: 996174
Formation/Qualification Date: 11/21/2018 Date Formed: 11/21/2018
Status: Active Formation Locale: TENNESSEE
Duration Term: Perpetual Inactive Date:
Business County: HAMILTON COUNTY

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

Slice of Life Properties, LLC

- * is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

Processed By: Cert Web User

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