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| PICK-UP WAIT MAIL |
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| Special Instructions to Filing Officer: |
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COVER LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

| SUBJECT: Slice of Life | Florida, Inc. | | | | | |
|---------------------------|---|--------------------------------------|--|--|--|--|
| 30 D 3D01 | (PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>) | | | | | |
| | | | | | | |
| | | | | | | |
| Enclosed is an original a | and one (1) copy of the Artic | cles of Incorporation and | a check for : | | | |
| \$70.00 Filing Fee | \$78.75 Filing Fee & Certificate of Status | □\$78.75 Filing Fee & Certified Copy | \$87.50 Filing Fee, Certified Copy & Certificate | | | |
| | | ADDITIONAL CO | | | | |
| FROM: | John Dingfelder, Esq. | | | | | |
| | 3006 San Carlos St. | e (Printed or typed) | | | | |
| • | Tampa, FL 33629 | Address | | | | |
| | City, State & Zip 813 495-8838 | | | | | |
| | | | | | | |
| Daytime Telephone number | | | | | | |

john@johndingfelder.com

NOTE: Please provide the original and one copy of the articles.

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

| | | ARTICLES | OF INCORE | OKATION | , | ,, |
|--------------------------|--|--|----------------|--|-----------------------------------|------------------------------------|
| ARTICLE I The name of th | NAME e corporation shall be: | Slice of Life Florida, | • | S., (Not for Profit) | 16 SEF | SEURE NVISION |
| (| PRINCIPAL OFF) Principal street add San Carlos St. | | | Mailing address, if different is: | -8 PH 2: | FILED TARY OF STA OF CORPORA |
| Tamp | oa, FL 33629 | | | | 5 | TE |
| - No ARTICLE IV | enange or activities non-exen MANNER OF ELL | of the carpose all ramain (3) purpose ECTION The manner | s. The | da history. For education will political activities for the forther and executives are elected and appointed: ectors at the Annual Meeting of the Board | thes. | 7 |
| Name and Title Address | Mary Figg :: 18406 Timberlan Dr Lutz-FL 33549 | RS ANDIOR DIRECTO | Name and Title | Edith Stewart 3633 Woodhill Dr. Brandon, FL 33511 | | |
| Name and Title | Adele Baydin 800 Azeele Ave. #32 Tampa, FL 33606 | 3 | | John J. D. Well. 3006 San Carlos S Tayon FL 3362 | _ <u>*</u> <u>+</u> . 2_ | |
| Name and Title | - January . | | | | | |

| Name and Title: Address: Address: Address: Address: John Dingfelder, Esq. 3006 San Carlos St. Tampa, FL 33629 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: John Dingfelder, Esq. Name: 3006 San Carlos St. Tampa, FL 33629 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: John Dingfelder, Esq. Name: 3006 San Carlos St. Address: Tampa, FL 33629 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: John Dingfelder, Esq. Name: 3006 San Carlos St. Address: Tampa, FL 33629 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: John Dingfelder, Esq. Name: 3006 San Carlos St. Address: Tampa, FL 33629 ARTICLE VII EFFECTIVE DATE: 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 or 90 business days after the 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. Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity All Jule Article VII Incorporation of State sumstance of Registered Agent Date I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State sumstitutes a third degree felony as provided for in s 2317.155, F.S. | Name and Title:_ | | Name and Title: | |
|--|----------------------|--|--|----------------------------|
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| Address: Tampa, FL 33629 | The name and ad | | | |
| Address: Tampa, FL 33629 | Name: | John Dingleider, Esq. | | 27 05 |
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| Effective date, if other than the date of filing: | ridaross. | Tampa, FL 33629 | | |
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| to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. | | Required Signature of Registe | red Agent | Date |
| to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. | I submit this docu | ment and affirm that the facts stated h | verein are true. I am aware that any false information | on submitted in a document |
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| Required Signature of Incorporator Date | | Required Signature of Inc | COMPORATOR O | / '/ (O |