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DIVISION OF CORPORATIONS
16 SEP -8 PM 2:15

h 09/14/16

COVER LETTER

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

Slice of Life Florida, Inc.
SUBJECT: _____

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles 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 COPY REQUIRED

FROM: John Dingfelder, Esq.

Name (Printed or typed)

3006 San Carlos St.

Address

Tampa, FL 33629

City, State & Zip

813 495-8838

Daytime Telephone number

john@johndingfelder.com

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

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

ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

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ARTICLE I NAME

The name of the corporation shall be: Slice of Life Florida, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
3006 San Carlos St.

Mailing address, if different is:

Tampa, FL 33629

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Preservation of Florida history. for educational

and charitable purposes. The corporation will
not engage or participate in any political activities.

No activities of the corporation will be in furtherance
of non-exempt purposes.

Upon dissolution, all remaining assets will be used exclusively
for 501(c)(3) purposes.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

New directors will be nominated and elected by a majority of the existing directors at the Annual Meeting of the Board of Directors.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mary Figg

Address: 18406 Timberlan Dr.
Lutz FL 33549

Name and Title: Edith Stewart

Address: 3633 Woodhill Dr.
Brandon, FL 33511

Name and Title: Adele Baydin

Address: 800 Azeele Ave. #323
Tampa, FL 33606

Name and Title: John J. Dyfeller

Address: 3006 San Carlos St.
Tampa FL 33629

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____
 Address: _____ Address: _____

Name and Title: _____ Name and Title: _____
 Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: John Dingfelder, Esq.
 Address: 3006 San Carlos St.
Tampa, FL 33629

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: John Dingfelder, Esq.
 Address: 3006 San Carlos St.
Tampa, FL 33629

ARTICLE VIII 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

 Required Signature of Registered Agent

8/31/16
 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 constitutes a third degree felony as provided for in s.817.155, F.S.

 Required Signature of Incorporator

8/31/16
 Date