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SECRETARY OF STATE
TALLAHASSEE, FLORIO

D. BRUCE
MAY 14 2008 *

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJI	CCT: Wildflour Cupcakes & D	esserts		
	(Name of Limite	ed Liability Company)		
The en	closed Articles of Organization and fee(s) are	submitted for filing.		
Please	return all correspondence concerning this matt	er to the following:		
	Barbara Pairot			
		(Name of Person)		
			08 TAL	
		(Firm/Company)		
	220 Country Circle Drive We	est	NSS 7	
		(Address)	PA PA	
	Port Orange Florida 32128			نور به
	(Cit	y/State and Zip Code)	36 ADA	
For fur	ther information concerning this matter, please	e call:	•	
Bart	para Pairto	at (386) 788-5600		
	(Name of Person)	(Area Code & Daytime Telephone No	imber)	
Enclos	sed is a check for the following amount:			
□\$ 125.	00 Filing Fee \$\bigcip\$\$130.00 Filing Fee & Certificate of Status	Certified Copy Certificational copy is enclosed) Certificational copy is enclosed)	0 Filing Fee, icate of Status & ied Copy is enclosed)	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	والمراجعة المراجعة المحادث	æ.

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Mildflagg Consoling & Descript	1.0	
Wildflour Cupcakes & Desserts L (Must end with the words "Limited Lia		
•	,,	
ARTICLE II - Address:	main aim al aggina aggle a Limite d'Elabilie. Commann i	:
the mailing address and street address of the	principal office of the Limited Liability Company i	15:
Principal Office Address:	Mailing Address:	
220 Country Circle Drive West	220 Country Circle Drive West	
Port Orange Florida 32128	Port Orange Florida 32128	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registeres entity with an active Florida registration.) The name and the Florida street address of the Barbara Pairot Name	e registered agent are:	TO

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 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

Title:		Name and Address:	
"MGR" = Manager	N/ 1		
"MGRM" = Managi	ng Member		
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		BOALL OUTTRO EX	3218-8
		40	7
			
(Use attachment if n	ecessary)		
(Use attachment if n	ecessary)		
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ARTICLE IV- Manager(s) or Managing Member(s):

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)