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. FLORIDA FILING & SEARCH SERVICES, INC.

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NAME: 668WEST KENNEDY, LLC

TYPE OF FILING: ARTICLES

COST:

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RETURN: PLAIN COPY PLEASE

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AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

`	New Fining So Division of Co					
SUB IFC	668 West	Kennedy, LLC				
SUBJEC	Γ:	Nam	e of Limited Liah	ility Company		
The enclos	sed Articles o	f Organization and f	ee(s) are submitte	ed for filing.		
Please retu	urn all corresp	ondence concerning	this matter to the	following:		
	Rebecca Ci	rrinicione				
		-	Name c	of Person		
	PLG					
	Firm/Company					
	3684 Tamp	n Rd #2				
			Add	lress		
	Oldsmar, Fl	L 34677				
	thomas.greb@	@austin-circle.com	City/State a	nd Zip Code		
•			oe used for future	annual report notificat	tion)	
For further in	nformation co	oncerning this matter	, please call:			
	Rebecca Ciri	rinicione	727 _at (415-7453		
	Nan	ne of Person		Daytime Telephor		
Enclosed is	s a check for t	he following amount	ı:			
■ \$125.00	Filing Fee	□\$130.00 Filing Certificate of Sta	tus Certif	i5.00 Filing Fee & ied Copy ial copy is enclosed)	□S160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
		<u>ig Address</u>		Street Address		
	New Filing Section Division of Corporations P.O. Box 6327			New Filing Section D The Centre of Tallah		
				2415 N. Monroe Street, Suite 810		
Tallahassee, FL 32314			Tallahassee, FL 3230	13		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

668 West Kenned	v, LLC		
(Must co	ontain the words "Limited	Liability Company,	"L.L.C.," or "LLC.")
RTICLE II - Address: he mailing address and stree	t address of the principal (affice of the Limited	Lighility Company is
	ipal Office Address:	mice of the familied	Mailing Address:
			-
4041 Gulf Shore E	IVd N Unit 1205		Gulf Shore Blvd N Unit 1205
Naples FL 34103		Nap	es FL 34103
he Limited Liability Compa	ny cannot serve as its own	Registered Agent. \	t's Signature: 'ou must designate an individual or
RTICLE III - Registered A The Limited Liability Compa- nother business entity with a the name and the Florida stree	ny cannot serve as its own active Florida registration active address of the registered	i Registered Agent. \ on.)	t's Signature: 'ou must designate an individual or
The Limited Liability Compa nother business entity with a	ny cannot serve as its own n active Florida registratio	n Registered Agent. \ on.) d agent are:	t's Signature: 'ou must designate an individual or
The Limited Liability Compa nother business entity with a	ny cannot serve as its own active Florida registration active address of the registered	i Registered Agent. \ on.)	t's Signature: ou must designate an individual or
The Limited Liability Compa nother business entity with a	ny cannot serve as its own active Florida registration active address of the registered	n Registered Agent. Non.) d agent are: Name	t's Signature: 'ou must designate an individual or
The Limited Liability Compa nother business entity with a	ny cannot serve as its own n active Florida registration et address of the registered Joshua Ruskin	n Registered Agent. Non.) d agent are: Name rd N Unit 1205	ou must designate an individual or
The Limited Liability Compa nother business entity with a	ny cannot serve as its own active Florida registration active Florida registration address of the registered Joshua Ruskin 4041 Gulf Shore Bly	n Registered Agent. Non.) d agent are: Name rd N Unit 1205	ou must designate an individual or

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..

(CONTINUED)

Rogistered Agent's Signature (REQUIRED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

"AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	Bagel King Wholesale Bakery, LLC 4041 Gulf Shore Blvd N Unit 1205 Naples FL 34103
	
	AWF S.P.
(Use attachment if necessary)	
If an effective date is listed, the date must b	date of filing:
he date of filing.) <u>Note:</u> If the date inserted in this block does r he document's effective date on the Departn	not meet the applicable statutory filing requirements, this date will not be listed nent of State's records.
RTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
7	homas Greb a member of an authorized representative of a member.
Signature of a This document is ex	a member ob/an authorized representative of a member. secuted in accordance with section 605.0203 (1) (b), Florida Statutes.

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.

Thomas Greb, member Bagel King Wholesale Bakery, LLC
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)

S 5.00 Certificate of Status (Optional)