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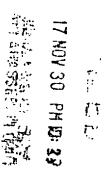
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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: AMECIA'S BAKERY LLC Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
AMERIA L. GILSON
Name of Person
Firm/Company
3900 PONCE DE LEON BLUD.
Address
CORAL GABLES, FL 33134
CORAL GABLES, FL 33134 City/State and Zip Code agi/Son @ be//South. net Amail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
AMELIA GILSON at (305) 665-3580 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address New Filing Section Street Address New Filing Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

'ARTICLE'I - Name:

The name of the Limited Liability Company is:

AMEZ-IA'S BAKER (Must contain the words "Limited Liability Co	
ARTICLE II - Address: The mailing address and street address of the principal office of the	Limited Liability Company is:
Principal Office Address:	Mailing Address:
3900 PONCE DE LEON BLUD COMAL GABLES, FR 33134	CORAL GABLES, FL 33134
ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered another business entity with an active Florida registration.)	• • • • • • • • • • • • • • • • • • • •
The name and the Florida street address of the registered agent are:	7 7
AMEZIA L. O	(1120N 30 A
	DELEON BLUD

laving been named as registered agent and to accept service of process for the above stated limited liability company at the lace designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I irther agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I m familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.,

(CONTINUED)

CORAL GABLES, FL 33134

City State Zip

Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager	AMERIA L. GILSON 3500 PONCE DE LEEW BLVD CORAL CABLES EL 33134	
AM13R	ALTX ANDER GILSON 40 MALAGA AVE CORAC GABLES, FL 3313 Y	
(Use attachment if necessary)		
ARTICLE V: Effective date, if other than the date of fi If an effective date is listed, the date must be specifi he date of filing.)	illing:	
ARTICLE VI: Other provisions, if any.		
REQUIRED SIGNATURES TO THE STATE OF THE STAT	lia L. Calson	
This document is executed in I am aware that any false info	er or an authorized representative of a member. In accordance with section 605,0203 (1) (b). Florida Statutes, formation submitted in a document to the Department of State only as provided for in s.817.155, F.S.	
AMELIA C	yped or printed name of signee	

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

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)