## L00000000008

300003034553--8 -12/30/99--01059--020 \*\*\*\*195.00 \*\*\*\*195.00

**Registration Section** To:

**Division of Corporations** 

P. O. Box 6327

Tallahassee, FL 32314

From:

Mailing Address

Roger Sanders

P. O. Box 54281

Jacksonville, FL 32245-4281

Street Address

Roger Sanders

1662 El Camino Road #3

Jacksonville, FL 32216

Telephone: Daytime:

(904) 721-5882 Home

(904) 855-4261 Work

MJH

Enclosed is a Check # 1452 For the following purpose:

\$100.00 Filing Fee for Articles of organization

\$ 25.00 Designation of Registered Agent

\$ 60.00 (2 copies) Certified Copy

\$ 10.00 (2 copies) Certificate of Status

\$195.00 Total

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is: All Occasion Cakes, LLC

**ARTICLE I - Name:** 

| ARTICLE II - Address:<br>The mailing address and s  |   | pal office of the Limited liability Company is:  |                              |
|---|---|--|------------------------------|
| Principal Office:   |   | Mailing Address:   |                              |
| All Occasion Cakes, LLC   |   | All Occasion Cakes, LLC  |                              |
| 1662 El Camino Road #3  |   | P. O. Box 19766  |                              |
| Jacksonville, FL 32216  |   | Jacksonville, FL 32245-9766  |                              |
| ARTICLE III - Register<br>The name and the Florida  |   | ffice, & Registered Agent's Signature:   |                              |
|   | Roger D. Sar  | nders  |                              |
| Name  |   |  |                              |
| 1662 El Camino  |   |  |                              |
| Florida street address (P. O. I   |   |  |                              |
| Jacksonville, Florida 3   |   | ·  |                              |
|   |   | ate, and Zip   |                              |
| act in this capacity. I furi<br>performance of my duties,<br>provided for in Chapter 6<br>ARTICLE IV - Manage | ther agree to comply with a and I am familiar with a 108, F.S  Register ment (Check box if apploility Company is to be ma | I herby accept the appointment as registered agent the provisions of all statutes relating to the proper and accept the obligations of my position as register accept the obligations of my position accept the obligation accept the obli | and complete<br>red agent as |
| (An add   | litional article myst be add  | led if an effective date is requested)   |                              |
| Signat  | ure of a member or an a   | uthorized representative of a member.  |                              |
| (In acco  | rdance with section 608.4   | 108(3), Florida statutes, the execution of this  | _                            |
|   | document constitutes an affirmation under the penalties of p  |  | 99 20                        |
| stated he   | erein are true.)  | -<br>-   | 0.00                         |
|   | Roger   | Sanders  |                              |
|   |   |  | INISION OF CORPO             |
|   | Typed or printe   | d name of signee   | O PM                         |
|   |   |  | <u> </u>                     |
|   |   |  |                              |
|   |   |  |                              |