

Division of Corporations

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Florida Department of State
Division of Corporations
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LIMITED LIABILITY COMPANY

AL

Double D Bakery, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

ARTICLES OF ORGANIZATION

OF

DOUBLE D BAKERY, L.L.C.

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes, for the purpose of forming a limited liability company under the laws of the State of Florida do set forth the following:

1. NAME.

The name of the Limited Liability Company is: -

DOUBLE D BAKERY, L.L.C.

2. ADDRESS OF PRINCIPAL OFFICE.

The mailing address and street address of the principal office of the Limited Liability Company is: 4900 N.E. Spinnaker Point Place, Stuart, Florida 34996.

3. NAME AND ADDRESS OF REGISTERED AGENT.

The name and address of the initial registered agent in Florida for the Limited Liability Company is: Beatriz M. Capote, Esq., 1101 Brickell Avenue, 17th Floor, Miami, FL 33131.

4. PERIOD OF DURATION.

The period of duration of the Limited Liability Company shall be from the date of filing until the first to occur of the following:

- (i) Thirty (30) years from the date of filing of these Articles of Organization with the Department of State, or
- (ii) Dissolution of the Limited Liability Company pursuant to provisions of the Florida Limited Liability Company Act.

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5. PURPOSE.

The purpose for which the Limited Liability Company is organized is to engage in any and all businesses and activities permitted by the laws of the State of Florida. The Limited Liability Company shall have all of the powers vested in a limited liability company organized and existing by virtue of such laws.

6. ADDITIONAL MEMBERS.

Members may admit additional members upon unanimous agreement of the then existing members.

7. CONTINUITY OF BUSINESS.

Upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Limited Liability Company, the business of the Limited Liability Company shall not be continued and the Limited Liability Company shall be dissolved unless there is obtained the consent of all the remaining members of the Limited Liability Company.

8. MANAGEMENT.

The Limited Liability Company is to be managed by a manager. The name and address of such manager who is to serve as manager until the first annual meeting of members or until his successor is elected and qualified is as follows:

SMF OF PALM BEACH, INCORPORATED
4900 N.E. Spinnaker Point Place
Stuart, Florida 34996

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Executed on this 15th day of March, 2001, by the undersigned member of DOUBLE
D BAKERY, L.L.C.

SMF OF PALM BEACH, INCORPORATED

By: Michael J. Matakaetis
MICHAEL J. MATAKAETIS, President

STATE OF FLORIDA
COUNTY OF Miami-Dade

The foregoing instrument was acknowledged before me this 15th day of March, 2001, by
MICHAEL J. MATAKAETIS as President of SMF OF PALM BEACH, INCORPORATED,
a Florida corporation, a member of DOUBLE D BAKERY, L.L.C. He is personally known
to me, ~~or has produced~~ as identification

Kristine Zayas
NOTARY PUBLIC
Print Name: _____

My commission expires:



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BMC\MATAKAET\PRINCEIARTORG.LC

**CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE**


PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/ REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: **DOUBLE D BAKERY, L.L.C.**

The name and address of the registered agent and office is:

**Beatriz M. Capote, Esq.
1101 Brickell Avenue, 17th Floor
Miami, FL 33131**

HAVING BEEN NAMED 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.


BEATRIZ M. CAPOTE, ESQ.

DATE

3-15-01

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TALLAHASSEE, FLORIDA

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