

LO2000009500

Number Only

4/19/02

Requestor's Name

Address

City

State

ZIP

Phone

VALIDATION ONLY

000005312540--7
-04/22/02--01023--022
****160.00 ****160.00

CORPORATION(S) NAME

Correaga Chocolatiers LLC

- | | | |
|--|--|--|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | <input type="checkbox"/> Dissolution | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Annual Report | <input checked="" type="checkbox"/> Other LLC |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of Registered Agent |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> Certificate Under Seal |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Call When Ready | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input checked="" type="checkbox"/> Walk-In Document | | <input type="checkbox"/> Mail Out |

Name	
Availability	
Document	
Examiner	DCC
Updater	DCC
Acknowledgement	DCC
W.P. Verifier	DCC
W.P. Verifier	

02 APR 22 AM 10:24
SECRETARY OF STATE
BALTIMORE, MD
DIVISION OF REGISTRATION



Empire Toll Free: 1-800-432-3028

LO2000009500

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: **CORLEGA CHOCOLATIERS LLC.**

541-844-BV 252-0803

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

1233 OLD DIXIE HWY. STE 33
LAKE PARK FL. 33403

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are: **SILVIA E. BERDIUK**

~~CORLEGA CHOCOLATIERS LLC~~

Name
1233 Old DIXIE HWY, SUITE #2

Florida street address (P.O. Box NOT acceptable)
LAKE PARK FLORIDA 33403

City, State, and Zip

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.

Silvia E. Berdiuk

Registered Agent's Signature
SILVIA E. BERDIUK

Article IV - Management (Check box if applicable.)

☒ The Limited Liability Company is to be managed by one manager or more managers and is therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

SILVIA E. BERDIUK

Typed or printed name of signer

FILING FEES:

- ☒ \$ 100.00 Filing Fee for Articles of Organization *yes*
- ☒ \$ 25.00 Designation of Registered Agent *yes*
- ☒ \$ 30.00 Certified Copy (OPTIONAL) *yes*
- ☒ \$ 5.00 Certificate of Status (OPTIONAL) *yes*

140.00

Secretary of State

91.69

TOTAL P.01

Pay to - PBDBR

FILED

02 APR 22 AM 10:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA