

LO2000024687

**Trixies Treats, LLC**  
**Lynda Facci**  
**9808 Grand Verde Way #802**  
**Boca Raton, FL 33428**  
**561-487-5615**

September 9, 2002

9/20 FULLC  
CC+LUS

(3)

Registration Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

**MJH**

Re: Articles of Organization

600007695586--7  
-09/12/02-01051-025  
\*\*\*\*160.00 \*\*\*\*160.00

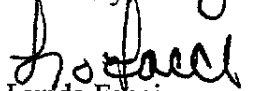
To Whom It May Concern:

Enclosed please find an Articles of Organization, for Trixies Treats, LLC, along with a check in the amount of \$160.00.

If you have any questions, please do not hesitate to call me at the above number. I can also be reached on my cell phone, which is: 561-212-0635.

Thanking you in advance for your assistance.

Sincerely,

  
Lynda Facci  
Trixies Treats, LLC

**FILED**  
**02 SEP 20 AM 8:53**  
RECEIVED STATE  
TALLAHASSEE FLORIDA

789, 623, 671

902A-52554.Del

W02-26688



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

September 13, 2002

LYNDA FACCI  
9808 GRAND VERDE WAY #802  
BOCA RATON, FL 33428

SUBJECT: TRIXIES TREATS, LLC  
Ref. Number: W02000026688

We have received your document for TRIXIES TREATS, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas  
Document Specialist

Letter Number: 202A00052557

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:** Trixies Treats, LLC  
The name of the Limited Liability Company is:

**ARTICLE II - Address:**

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

9808 Grand Verde Way #802  
Boca Raton, FL 33428

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

The name and the Florida street address of the registered agent are:

Lynda Facci

Name

9808 Grand Verde Way #802

Florida street address (P.O. Box **NOT** acceptable)

Boca Raton, FL 33428

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.*

*Lynda Facci*

Registered Agent's Signature

**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)

*Lynda Facci*  
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.)

Lynda Facci

Typed or printed name of signee

**Filing Fees:**

\$100.00 Filing Fee for Articles of Organization  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (Optional)  
\$ 5.00 Certificate of Status (Optional)

02 SEP 20 AM 8:53  
FILED  
CLERK OF STATE  
TALLAHASSEE FLORIDA