

**L03 0000 32195**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

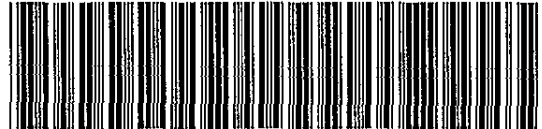
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

03 AUG 25 AM 10:30

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**Milledge & Iden**  
ATTORNEYS AT LAW

Allan Milledge  
Bruce Franklin Iden

Of Counsel:  
John M. Milledge  
Karen D. Turner

August 21, 2003

Department of State  
Division of Corporations  
Corporate Filings  
P.O. Box 6327  
Tallahassee, Florida 32314

**Re: Bakery Holdings, LLC**  
**Our File No.: RMA-7**

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03 AUG 25 AM 10:30  
SEC. OF STATE  
TALLAHASSEE, FLORIDA

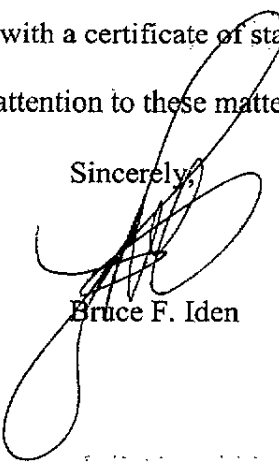
Dear Sir/Madam:

Enclosed please find the Articles of Organization for Bakery Holdings, LLC. Enclosed also is our check in the amount of \$125.00 covering the filing fee of \$100.00 plus the registered agent fee of \$25.00.

Please provide the undersigned with a certificate of status for this new entity.

Thank you very much for your attention to these matters.

Sincerely,

  
Bruce F. Iden

BFI/rs  
Enclosures

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**ARTICLES OF ORGANIZATION  
OF  
BAKERY HOLDINGS, LLC**

The undersigned, being authorized to execute these Articles, hereby certifies that:

**ARTICLE I – Name:**

The name of the Limited Liability Company is Bakery Holdings, LLC.

**ARTICLE II- Address:**

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

2505 N.E. 15<sup>th</sup> Avenue  
Wilton Manors, Florida 33334

**ARTICLE III – Duration:**

The period of duration for the Limited Liability Company shall be perpetual.

**ARTICLE IV – Registered Agent:**

The name and address of the Registered Agent for service of process in the state shall be:

Bruce F. Iden, Esq.  
Milledge & Iden  
3240 Corporate Way  
Miramar, Florida 33025

*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 a Registered Agent as provided for in Chapter 608 Florida Statutes.*

\_\_\_\_\_  
Bruce F. Iden, Esq.

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SULLY COUNTY CLERK  
TALLAHASSEE, FLORIDA

**ARTICLE V – Manager or Managing Members**

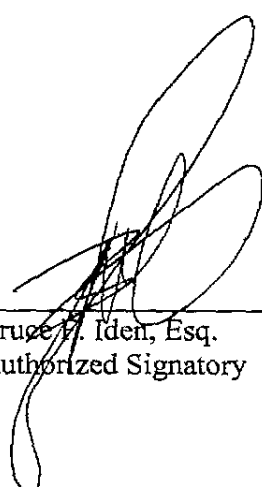
The name and address of each Manager or Managing Member is as follows:

**Title:**

**Name and Address:**

Managing Member

James S. Stork  
2505 NE 15<sup>th</sup> Avenue  
Wilton Manors, Florida 33334



Bruce P. Iden, Esq.  
Authorized Signatory

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03 AUG 25 AM 10:30  
TALLAHASSEE, FLORIDA