

L03000034641

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200022784122

RECEIVED
03 SEP 12 AM 10:41
DIVISION OF CORPORATION

EFFECTIVE DATE
9/8/03
FILED
03 SEP 12 PM 12:39
TALLAHASSEE, FLORIDA

BK



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 0721000000032

REFERENCE : 239560 10463A

AUTHORIZATION : *Patricia Pizette*

COST LIMIT : \$ 155.00

03 SEP 12 PM 12:38
FILED
EFFECTIVE DATE
9/8/03
STATE
TALLAHASSEE, FLORIDA

ORDER DATE : September 11, 2003

ORDER TIME : 8:23 AM

ORDER NO. : 239560-010

CUSTOMER NO: 10463A

CUSTOMER: Ms. Larissa K. Lincoln
Cohen Norris Scherer
Weinberger & Wolmer
Suite 400
712 U.s. Highway 1
North Palm Bch, FL 33408-7146

DOMESTIC FILING

NAME: SWEET TRAYS CAFE, LLC

EFFECTIVE DATE: SEPTEMBER 8, 2003

____ ARTICLES OF INCORPORATION
____ CERTIFICATE OF LIMITED PARTNERSHIP
XX ____ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX ____ CERTIFIED COPY
____ PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan - EXT. 1155

EXAMINER'S INITIALS: _____

**ARTICLES OF ORGANIZATION OF
SWEET TRAYS CAFE, LLC**

The undersigned hereby forms and establishes a limited liability company pursuant to Chapter 608, Florida Statutes as follows:

FILED
03 SEP 12 PM 12:39
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA
EFFECTIVE 9/12/03

ARTICLE I

The name of this limited liability company is SWEET TRAYS CAFE, LLC.

ARTICLE II

This limited liability company shall become effective on September 8, 2003, unless sooner terminated as provided in the Operating Agreement executed or to be executed by the members..

ARTICLE III

The mailing address and street address of the principal place of business of this limited liability company is 2400 N.W. 53RD St., Boca Raton, FL 33496. This limited liability company may, at its discretion, change the address of its principal place of business.

ARTICLE IV

The name and street address of the initial registered agent of this limited liability company is BLAINE C. DICKENSON, 712 U.S. Highway One, Suite 400, North Palm Beach, Florida 33408.

ARTICLE V

The management of this limited liability company shall be vested in a member or members (i.e. management committee as described in the Operating Agreement) and is, therefore, a member-managed company.

ARTICLE VI

Additional members may be admitted to this limited liability company upon such terms and conditions as shall be established by the members as described in the Operating Agreement.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name this 29th day of August, 2003.


BLAINE C. DICKENSON, Authorized
Representative
of the Managing Member

STATE OF FLORIDA)

COUNTY OF PALM BEACH)

The foregoing instrument was acknowledged before me this 29th day of August, 2003, by BLAINE C. DICKENSON, who is personally known to me or who has produced Florida State Driver's License Number N/A as identification and who did () or did not (X) take an oath.

Executed this 29th day of August, 2003.

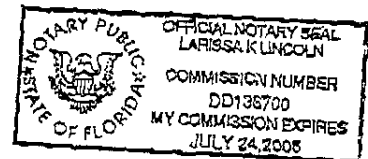


Signature of Notary

Printed Name: LARISSA K. LINCOLN

My Commission Expires:

My Commission Number:



03 SEP 12 4:23 PM
FILED
EFFECTIVED

**CERTIFICATE DESIGNATING REGISTERED
OFFICE FOR THE SERVICE OF PROCESS
WITHIN THIS STATE, NAMING AGENT
UPON WHOM PROCESS MAY BE SERVED**

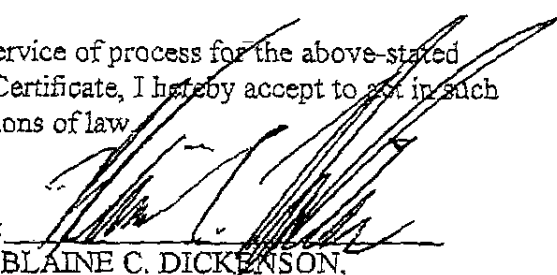
FILED
03 SEP 12 PM 12:39
TALLAHASSEE, FLORIDA
CLERK OF CIRCUIT COURT

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.

That **SWEET TRAYS CAFE, LLC**, a Florida Limited liability company, with its registered office at 2400 N.W. 53rd St., Boca Raton, FL 33496, has named **BLAINE C. DICKENSON**, at 712 U.S. Highway One, Ste 400, North Palm Beach, FL 33408, as its initial registered agent to accept service of process within this State.

ACKNOWLEDGMENT:

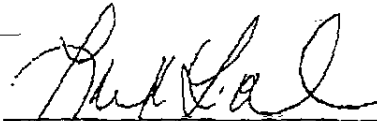
Having been named registered agent to accept service of process for the above-stated limited liability company at the place designated in this Certificate, I hereby accept to act in such capacity and agree to comply with the applicable provisions of law.

By: 
BLAINE C. DICKENSON,
Registered Agent

STATE OF FLORIDA)
)
COUNTY OF PALM BEACH)

The foregoing instrument was acknowledged before me this 29th day of August, 2003 by **BLAINE C. DICKENSON**, who is personally known to me or who has produced Florida State Driver's License Number 11/7 as identification and who did () or did not (X) take an oath.

Executed this 29th day of August, 2003.


Signature of Notary
Printed Name: **LARISSA K. LINCOLN**
My Commission Expires:
My Commission Number:

