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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

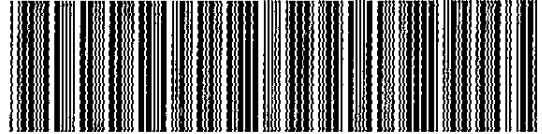
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TALLAHASSEE, FLORIDA
STATE
DIVISION OF
TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

*Ann's Southern Cake
Stand Bakery, LLC*

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TALLAHASSEE, FLORIDA

- ☐ Art of Inc. File _____
- ☐ LTD Partnership File _____
- ☐ Foreign Corp. File _____
- ☒ L.C. File _____
- ☐ Fictitious Name File _____
- ☐ Trade/Service Mark _____
- ☐ Merger File _____
- ☐ Art. of Amend. File _____
- ☐ RA Resignation _____
- ☐ Dissolution / Withdrawal _____
- ☐ Annual Report / Reinstatement _____
- ☒ Cert. Copy _____
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- ☐ Certificate of Good Standing _____
- ☐ Certificate of Status _____
- ☐ Certificate of Fictitious Name _____
- ☐ Corp Record Search _____
- ☐ Officer Search _____
- ☐ Fictitious Search _____
- ☐ Fictitious Owner Search _____
- ☐ Vehicle Search _____
- ☐ Driving Record _____
- ☐ UCC 1 or 3 File _____
- ☐ UCC 11 Search _____
- ☐ UCC 11 Retrieval _____
- ☐ Courier _____

Signature _____

Requested by: *SL*

Name _____

Date *11/17*

Time *11:00*

Walk-In _____

Will Pick Up _____

ARTICLES OF ORGANIZATION

OF

ANN'S SOUTHERN CAKE STAND BAKERY, LLC

The undersigned hereby present(s) these Articles of Organization for the formation of a
Limited Liability Company pursuant to the Florida Limited Liability Company Act.

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CLERK OF CIRCUIT COURT
IN FLORIDA

ARTICLE I

The name of the Limited Liability Company is Ann's Southern Cake Stand Bakery, LLC.

ARTICLE II

The address and mailing address of the Limited Liability Company is 150 West Haines
Boulevard, Lake Alfred, Florida 33850.

ARTICLE III

DURATION

The Limited Liability Company shall have perpetual existence, commencing on the date
of the execution and acknowledgement of these Articles of Organization.

ARTICLE IV

PURPOSE

The Limited Liability Company is organized for the purpose of transacting any and all
lawful business.

ARTICLE V
MANAGEMENT

The Limited Liability Company is to be a manager-managed company with the following individuals as managing members:

- 1) David S. Whitlock
- 2) Ann M. Teague

ARTICLE VI
EXERCISE OF POWERS

All limited liability company powers shall be exercised by or under the authority of, and the business and affairs of this Limited Liability Company shall be managed under the direction of, the members of this Limited Liability Company. This Article may be amended from time to time in the regulations of the limited liability company by a unanimous vote of the members of the Limited Liability Company. In the event of disagreement between the managing members of this Limited Liability Company, the decision of DAVID S. WHITLOCK, shall prevail.

ARTICLE VII
PROFITS AND LOSSES

The profits and losses of this Limited Liability Company shall be divided as follows to the managing members of this Limited Liability Company:

- | | | |
|----|-------------------|-----|
| 1) | David S. Whitlock | 51% |
| 2) | Ann M. Teague | 49% |

ARTICLE VIII

INITIAL REGISTERED OFFICE AND INITIAL REGISTERED AGENT

The street address of the initial Registered Office of the Limited Liability Company is 150 West Haines Boulevard, Lake Alfred, Florida 33850 and the named of the initial Registered Agent of the Limited Liability Company at that office is DAVID S. WHITLOCK.

IN WITNESS THEREOF, the undersigned, being authorized representatives of the Members of the Limited Liability Company, have executed these Articles of Organization this 5th day of November, 2003.


DAVID S. WHITLOCK



ANN M. TEAGUE

STATE OF FLORIDA
COUNTY OF POLK

The foregoing Articles of Organization were acknowledged before me this 5th day of November, 2003, by DAVID S. WHITLOCK, as an authorized representative of a Member of the Limited Liability Company, who is personally known by me.

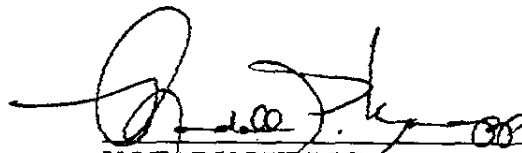
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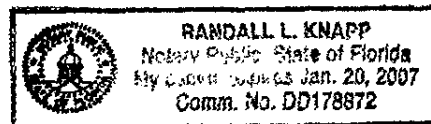

NOTARY PUBLIC
STATE OF FLORIDA AT LARGE
Printed Name: April L. Brown
My Commission Expires: 05/16/04
My Commission No.: CC926116

**STATE OF FLORIDA
COUNTY OF POLK**

The foregoing Articles of Organization were acknowledged before me this 1st day of November, 2003, by ANN M. TEAGUE, as an authorized representative of a Member of the Limited Liability Company, who is personally known by me or has produced _____ as identification.



NOTARY PUBLIC
STATE OF FLORIDA AT LARGE
Printed Name: RANDALL L. KNAPP
My Commission Expires: _____
My Commission No.: _____



CERTIFICATE OF DESIGNATION
OF
REGISTERED AGENT/REGISTERED OFFICE

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

- 1) The name of the Limited Liability Company is Ann's Southern Cake Stand Bakery, LLC.
- 2) The name and street of its initial Registered Agent and initial Registered Office are:

David S. Whitlock
150 West Haines Boulevard
Lake Alfred, Florida 33850

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, Florida Statutes.


DAVID S. WHITLOCK
Registered Agent