1 01 1



Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H04000022028 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name

: EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255

: (305) 634-3694

Phone Fax Number

: (305)633-9696

LIMITED LIABILITY COMPANY

m.s.d. crepes, l.l.c.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

O4 JAN 30 PM 2: 06

JAN 30 PM 2: 06

Electronic Filing Menu

Corporate Filing

Public Access Help

MA 81:11 LM:05/1 184-20-5004 II:25





ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF

M.S.D. CREPES, L.L.C.

ARTICLE I

The name of the Limited Liability Company shall: M.S.D. CREPES, L.L.C.

ARTICLE II

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the Act.

ARTICLE III

The mailing address and street address of the principal office of the Limited Liability Company is: 3931 NW 96TH AVE., COOPER CITY, FL 33024.

ARTICLE IV

The name and the Florida street address of the registered agent are: PATRICIA FANELLI, 650 PINE RIDGE TERRACE, DAVIE, FL 33325.

APPROVIDE 9

H0000000000008

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE/MEMBER/REPRESENTATIVE

M.S.D. Crepes, L.L.C.
(Name of Company)

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of arganization, 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.

Patricia Fanelli Registered Agent

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.)

Patricia Fanelli
Typed or printed name of signee

SECRETARY IN STREET

AMD FILEI

HDU00000220018