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# SONIA PEREZ

# LIMITED LIABILITY COMPANY

LAS AMERICAS BAKERY OF ORLANDO, LLC

MEMBER: SONIA PEREZ 569 WECHSLER CIR. ORLANDO, FL 32824

TELEPHONE: 407-697-9054

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

LAS AMERICAS BAKERY OF ORLANDO, LLC

### **ARTICLE II - Address:**

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

7101 S. ORANGE BLOSSOM TRAIL - ORLANDO, FL 32809

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

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

	SONIA PEREZ
	Name
	569 WECHSLER CIR.
3	Florida street address (P.O. Box NOT acceptable)
	ORLANDO, FL 32824
	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.

Registered Agent's Signature

Article	١v	' - Manageme	nt (C	heck	box i	Fapr	olicable	:.)

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)

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.)

SONIA PEREZ

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)

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