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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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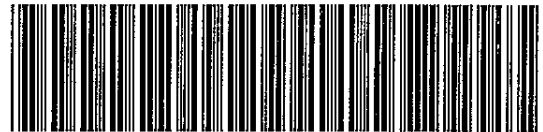
(Business Entity Name)

(Document Number)

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Cover Sheet

To : __REGISTRATION SECTION DIVISION OF CORPORATIONS

Fax : _____

From: JAIRO TRIANA

Phone: 407-628-2253 OR 407-619-0256

Date: _____07.23.04_____

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TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: V.J.D BAKERY LLC

(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JAIRO TRIANA

(Name of Person)

V.J.D BAKERY

(Firm Company)

1255 BELLE AVE UNIT# 103

(Address)

WINTER SPRINGS, FL 32708

(City/State and Zip Code)

For further information concerning this matter, please call:

JAIRO TRIANA

(Name of Person)

at (407) 619-0256

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

V.J.D BAKERY LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

1255 BELLE AVE UNIT#103

WINTER SPRINGS, FL 32708

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

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

JAIRO TRIANA

Name

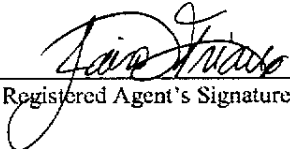
1255 BELLE AVE UNIT 103

Florida street address (P.O. Box **NOT** acceptable)

WINTER SPRINGS, FLORIDA 32708

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, Florida Statutes..



Registered Agent's Signature

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TALLAHASSEE, FLORIDA

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ARTICLE IV- Manager(s) or Managing Member(s):

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

Title:

"MGR" - Manager

"MGRM" = Managing Member

Name and Address:

MGR

VICTOR TRIANA

315 RIUNITE CIR

WINTER SPRINGS, FL 32708

MGRM

JAIRO TRIANA

1255 BELLE AVE UNIT 103

WINTER SPRINGS, FL 32708

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:


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.)

JAIRO TRIANA

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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TALLAHASSEE, FLORIDA

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