Page 1 of 1

## Florida Department of State

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.

(((H04000162945 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 : HUBCO

Account Number : 104662003400 Phone

: (516)935-3940

Fax Number

: (516)935-3088

ISION OF CORPORATION AH 10: 25

## LIMITED LIABILITY COMPANY

## **Bake Investments LLC**

Certificate of Status Certified Copy 0 Page Count **62.20** Estimated Charge \$130.00

Name Availability

Document

**Updater** 

Examiner Electronic Filing Menu.

Corporate Filing.

Rublic Access Help

· 15. . . 28 DCC DOC 1 UUC

https://efile.sunbiz.org/scripts/efilcovr.exe

H04000162945

## ARTICLES OF ORGANIZATION FOR

	LIABILITY COMPANY
ARTICLE I - Name	
The name of the Limited Liability Company is: Bake I	investments LLC
ARTICLE II - Address The mailing address and street address of the principal office of	f the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2068 Preymore Street	2068 Preymore Street
Osprey, FL 34229	Osprey, FL 34229
ARTICLE III - Registered Agent, Registered Office The name and Florida street address of the registered agent are:  Alice Chafer	Name Range
2068 Preymo	ore Street
(P.O. Box or N	Mail Drop Box NOT Acceptable)
	City/State/Zip)
Having been named as registered agent and to accept servi at the place designated in this certificate, I hereby accept the	rice of process for the above stated limited liability company the appointment as registered agent and agree to act in this

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 - Alice Chafer

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

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

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

Alice Chafer-2068 Preymore Street, Osprey, FL 34229

MGRM

Karen Dennison-2068 Preymore Street, Osprey, FL 34229

MGRM

William Chafer-2068 Preymore Street, Osprey, FL 34229

MGRM

Ed Barrett- 4832 Montevista, Sarasota, FL 34231

(Use attachment if necessary)

REQUIRED SIGNATURE:

Signature of a member or 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.)

Alice Chafer

Typed or printed name of signee

MON AUG -9 P 12: 1