

Florida Department of State  
Division of Corporations  
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## Electronic Filing Cover Sheet

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## 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

## LIMITED LIABILITY COMPANY

One Hot Cookie LLC

|                       |          |
|-----------------------|----------|
| Certificate of Status | 1        |
| Certified Copy        | 0        |
| Page Count            | 02       |
| Estimated Charge      | \$130.00 |

RECEIVED

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DIVISION OF CORPORATIONS

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **One Hot Cookie 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:

1057 Beach Avenue

1057 Beach Avenue

Atlantic Beach, FL 32233

Atlantic Beach, FL 32233

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

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

**Vicki Loff**

Name

1057 Beach Avenue

(P.O. Box or Mail Drop Box **NOT** Acceptable)

Atlantic Beach, FL 32233

(City / State / Zip)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

*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 - Vicki Loff

**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****Vicki Loff- 1057 Beach Avenue, Atlantic Beach, FL 32233**

(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. )

**Vicki Loff**

Typed or printed name of signee

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DIVISION OF CORPORATIONS