L0600005649

300075444943

05/30/06--01023--014 **160.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 MAY 30 PM 1:39

B. McKnight   JUN 0 2 2006

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bakery Las Delicias
(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:

Michaeline Perez-Guzman
(Name of Person)

Bakery Las Delicias
(Firm/Company)

28565 SW 158 Ct
(Address)

Homestead, Florida 33033
(City/State and Zip Code)

For further information concerning this matter, please call:

Deborah Wuhl
(Name of Person)   at (305) 801-5718
(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ $125.00 Filing Fee   ☐ $130.00 Filing Fee &   ☐ $155.00 Filing Fee &   ☑ $160.00 Filing Fee,
Certificate of Status   Certified Copy   Certificate of Status &
(additional copy is enclosed)   Certified Copy
(additional copy is enclosed)

Mailing Address	**Street/Courier Address**
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle
	Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

Bakery Las Delicias LLC

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

28565 SW 158 Ct

Homestead, Florida

33033

Mailing Address:

28565 SW 158 CT

Homestead, Florida

33033

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

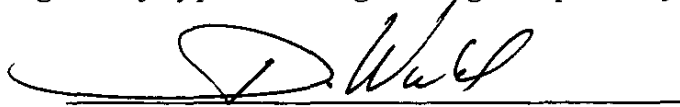The name and the Florida street address of the registered agent are:

Deborah Wuhl
_____
Name

28565 SW 158 Court
_____
Florida street address (P.O. Box **NOT** acceptable)

Homestead, Florida 33033 FL
_____
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 (REQUIRED)

(CONTINUED)
Page 1 of 2

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

Michaeline Perez-Guzman
28565 SW 158 Court
Homestead, Florida 33033

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)
**(If an effective date is listed, the date must be specific and cannot be more than five business days prior
to or 90 days after the date of filing.)**

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.)

Deborah Wuhl
_____
Typed or printed name of signee

Filing Fees:

$125.00 Filing Fee for Articles of Organization and Designation
            of Registered Agent
$ 30.00 Certified Copy (Optional)
$ 5.00 Certificate of Status (Optional)