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Special Instructions to I	Filing Officer:	
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SECRETARY OF STATE

SEP-6 AMII:

## **COVER LETTER**

TO:

Registration Section

Division of Corporations	
SUBJECT: Don Cleo 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:	
Carlos M. Bernal	
(Name of Person)	<u>:</u> -
Don Cleo Bakery LLC	
(Firm/Company)	_
2150 Santa Barbara Boulevard	
(Address)	•
Naples, FL 34116	
(City/State and Zip Code)	
(City/State and Zip Code)  For further information concerning this matter, please call:  Carlos M. Bernal  (Name of Person)  (Area Code & Daytime Telephone Number)	
변유 <b>곡</b>	Ċ
Carlos M. Bernal at (239 398-8369 (Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & \bigcup \\$155.00 Filing Fee & \bigcup \\$160.00 Filing Fee,  Certificate of Status Certified Copy Certificate of Status & Certified Copy  (additional copy is enclosed)  Certified Copy  (additional copy is enclosed)	
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton 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:		
Don Cleo Bakery LLC	2.10		
(Must end with the words "Limited Liability Company, "Li	mited 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 Con	npany is:	
7. tt1 0 000 A 3 1	To No. 212 and A. N. Norman		
Principal Office Address:	Mailing Address:		
2150 Santa Barbara Boulevard	2150 Santa Barbara Boulevard		
Naples, FL 34116	Naples, FL 34116		·
			· .
ADTICLE III Bouistand A cout Bouiston	od Office & Designated Agent's Signature	3 8 3 8	
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Re		OS SEP	
business entity with an active Florida registration.)		9-6	٠٠٠.
The name and the Florida street address of th	e registered agent are:	`	
	7		D
Carlos M. Bernal Na		₹ =	
1801	Die Die	0	
2150 Santa Barbara	Boulevard		
Florida street	address (P.O. Box NOT acceptable)		
Naples, FL 34116	FL		
City, Star	te, and Zip		
liability company at the place designated	to accept service of process for the above state in this certificate, I hereby accept the appointm city. I further agree to comply with the provisi	ient as	

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

#### 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:		
MGRM	Carlos M. Bernal 4321 Atoll Court - #3 Naples, FL 34116		· ·
			-
			• · · · · · · · · · · · · · · · · · · ·
(Use attachment if necessary)		SEP -6 AM	
ARTICLE V: Effective date, if other than the da (If an effective date is listed, the date must be s to or 90 days after the date of filing.)		CODAL) =	
REQUIRED SIGNATURE:	le e		

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.)

Carlos M. Bernal

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)