

LD7000037472

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

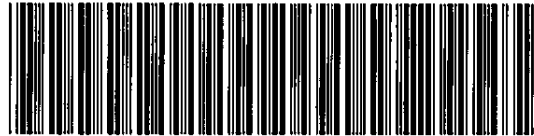
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[Signature]

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RECEIVED
07 APR -9 PM 1:06
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
07 APR -9 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tupelo's Bakery & Cafe 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:

Kim Davis

(Name of Person)

Tupelo's Bakery & Cafe LLC

(Firm/Company)

220 West Washington Street

(Address)

Monticello, FL 32344

(City/State and Zip Code)

For further information concerning this matter, please call:

Kim Davis

(Name of Person)

at (850) 997-9918

(Area Code & Daytime Telephone Number)

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TALLAHASSEE, FLORIDA

Enclosed is a check for the following amount:

ρ \$125.00 Filing Fee

ρ \$130.00 Filing Fee &
Certificate of Status

ρ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

ρ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

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

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF ORGANIZATION
OF
TUPELO'S BAKERY & CAFÉ LLC**

ARTICLE I - NAME

The name of the limited liability company is Tupelo's Bakery & Café LLC, ("company").

ARTICLE II - ADDRESS

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

Principal Office Address:

220 West Washington Street
Monticello, Florida 32344

Mailing Address:

220 West Washington Street
Monticello, Florida 32344

**ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

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

Kim Davis
220 West Washington Street
Monticello, Florida 32344

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..



Kim Davis

ARTICLE IV - MANAGERS OR MANAGING MEMBERS

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

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TALLAHASSEE, FLORIDA

Title:

"MGR" = Manager

"MGMR" = Managing Member

Name and Address:

MGMR

Claire Olson
220 West Washington Street
Monticello, Florida 32344

MGMR

Kim Davis
220 West Washington Street
Monticello, Florida 32344

REQUIRED SIGNATURE:

Kim Davis

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.)

Kim Davis

Typed or printed name of signee

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**