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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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L. SELLERS

MAY - 5 2008

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 MAY -2 PM 1:20

FILED

BURNS & SEVERSON, P.A.

LAWYERS

400 COLUMBIA DRIVE, SUITE 100
WEST PALM BEACH, FLORIDA 33409

OR:

MAILING ADDRESS:

P.O. BOX 349
WEST PALM BEACH, FLORIDA 33402

TELEPHONE (561) 687-2003

FAX (561) 687-8103

JOHN L. BURNS (OF COUNSEL)

JOHN M. SEVERSON

ANDREW J. SEVERSON

April 30, 2008

Florida Department of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Dear Madam or Sir:

Enclosed with this correspondence please find the Articles of Organization for a Florida Limited Liability Company along with a check payable to the Florida Department of State in the amount of \$130 representing the filing fee and Certificate of Status.

Of course, should you have any questions or need additional information, please do not hesitate to contact me at the above. Thanking you for your assistance in this matter, I am

Sincerely,



Andrew J. Severson

AJS:lvs
encls.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Celebration Cookie Company, 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:

Aaron Rinker

(Name of Person)

(Firm/Company)

9211 Citrus Isle Lane

(Address)

Lake Worth, Florida 33467

(City/State and Zip Code)

For further information concerning this matter, please call:

Aaron Rinker

(Name of Person)

at (561) 965-3161

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$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 FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Celebration Cookie Company, LLC

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

ARTICLE II - Address:

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

Principal Office Address:

9211 Citrus Isle Lane
Lake Worth, Florida 33467

Mailing Address:

9211 Citrus Isle Lane
Lake Worth, Florida 33467

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:

Andrew J. Severson

Name

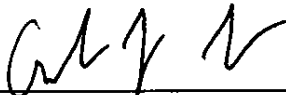
400 Columbia Drive, Suite 100

Florida street address (P.O. Box **NOT** acceptable)

West Palm Beach, FL 33409

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,



Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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TALLAHASSEE, FLORIDA

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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

Aaron Aaron Rinker

9211 Citrus Isle Lane

Lake Worth, Florida 33467

MGR

Rachel Rinker

9211 Citrus Isle Lane

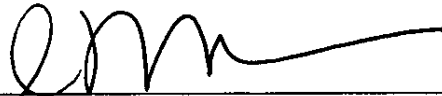
Lake Worth, Florida 33467

(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.)

AARON J.J. RINKER

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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA