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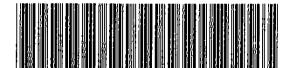
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**EXAMINER** 



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SECRETARY OF SHAIR

## COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Blossom Bake	e Shoppe, LLC	
	Name of Limited Liability Company)	_
The enclosed Articles of Organization	and fee(s) are submitted for filing.	
Please return all correspondence conce	erning this matter to the following:	
Jennifer K. Toot		
	(Name of Person)	
	(Firm/Company)	
9915 Coprov Wir		
oo 13 Contray-vvii	nderere Rd. #410  (Address)	<del> </del>
Orlando, Florida	, ,	
	(City/State and Zip Code)	
For further information concerning this	s matter, please call:	
Paula Toot	at ( 407 ) 340-6408	
(Name of Person)	(Area Code & Daytime Telephone Number)	_
Enclosed is a check for the following	ng amount:	
\$125.00 Filing Fee \$130.00 F Certificate	Filing Fee & \[ \subseteq \$155.00 \] Filing Fee & \[ \subseteq \$160.00 \] Filing I copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	tatus &
Mailing Ad Registration Division of P.O. Box 63 Tallahassee	Registration Section Corporations Division of Corporations Clifton Building	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Blossom Bake Shoppe, L	LC
	nited 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
Principal Office Address:	Mailing Address:
8815 Conroy-Winderere Rd. #410	8815 Conroy-Winderere Rd. #410
Orlando, Florida 32835	Orlando, Florida 32835
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.)	هيوا مارسد اهم
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.)  The name and the Florida street addres	own Registered Agent. You must designate an individual or another
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.)	own Registered Agent. You must designate an individual or another s of the registered agent are:
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.)  The name and the Florida street address  Elizabeth L  8815 Conroy	own Registered Agent. You must designate an individual or another s of the registered agent are:  Williams Name
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.)  The name and the Florida street address  Elizabeth L  8815 Conroy  Florida	williams Name  /-Winderere Rd. #410 a street address (P.O. Box NOT acceptable)
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.)  The name and the Florida street address  Elizabeth L  8815 Conroy  Florida  Orlando, Flo	williams Name  /-Winderere Rd. #410 a street address (P.O. Box NOT acceptable)  rida 32835
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.)  The name and the Florida street address  Elizabeth L  8815 Conroy  Florida  Orlando, Flo	williams Name  /-Winderere Rd. #410 a street address (P.O. Box NOT acceptable)

Registered Agent's Signature (REQUIRED)

## ARTICLE IV- Manager(s) or Managing Memberus:

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

"NAL D" = Nannagar	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGRM	Jennifer K. Toot
	8815 Conroy-Winderere Rd. #410
	Orlando, Florida 32835
MGR	Paula Toot
	8815 Conroy-Winderere Rd. #410
	Orlando, Florida 32835
MGR	Elizabeth L. Williams
	8815 Conroy-Winderere Rd. #410
	Orlando, Florida 32835
Use attachment if necessary)	
LE V: Effective date, if other than the fective date is listed, the date must	the date of filing: (OPTIO
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.)	the date of filing: (OPTIO
fective date is listed, the date must days after the date of filing.)  REQUIRED SIGNATURE:	the date of filing:  t be specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and cannot be more than five business of the specific and t
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a ment of this document contains the state of this document contains the state of	t be specific and cannot be more than five business

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)