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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIO

T. HAMPTON

FEB - 3 2009

EXAMINER

COVER LETTER

TO:	CO: Registration Section Division of Corporations				
SUBJI	ECT: Callaloo'	s Cafe & Baker	у		
5050			ted Liability Compa	ny)	
The en	closed Articles of Or	ganization and fec(s) are	submitted for filing		
Please	return all correspond	ence concerning this man	ter to the following:		
	Michelle Mor	ico			
			(Name of Person)		
	Callaloo's Ca	afe & Bakery			
	· · · · · · · · · · · · · · · · · · ·		(Firm/Company)		
	705 Court St				
			(Address)		
	Clearwater, I	FL 33756			
		(Ci	ty/State and Zip Code)		
For fur	ther information cond	erning this matter, pleas	e call:		
Mich	nelle Morico		. 727	474-798	38
	(Name of Person)		at (727) 474-7988 (Area Code & Daytime Telephone Number)		
Enclos	sed is a check for th	e following amount:			
_	00 Filing Fee 🔽	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Certified Cop (additional copy	у	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
•	R D P	lailing Address egistration Section vivision of Corporations O. Box 6327 allahassee, FL 32314	Registration Division of Clifton Bu 2661 Exec	of Corporation	ıs

Effective Date 01/28/09

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Callaloo's Cafe & Bakery LLC. (Must end with the words "Limited Liability Control of the Contro	ry Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
705 Court St. Clearwater, FL 33756	1213 Markley Dr Largo, FL 33770
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re	gistered agent are:
Michelle Morico	
Name	
1213 Markley Dr	
Florida street addr	ess (P.O. Box NOT acceptable)
Largo,	_{FL} 33770
City, State, ar	nd Zip
liability company at the place designated in th	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as 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

SECRETARY OF STATE DIVISION OF CORPORATIONS

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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:

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGRM	Michelle Morico
	1213 Markley Dr
	Largo, FL 33770
MGR	Edyth James
	3200 65th Way N
	St. Petersburg, FL 33710
	
	
	
(Use attachment if necessary)	
	1/20/2000
	the date of filing: 1/28/2009 (OPTIONAL)
	st be specific and cannot be more than five business days prior
o 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.)

Michelle Morico

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)