

LD9000059242

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

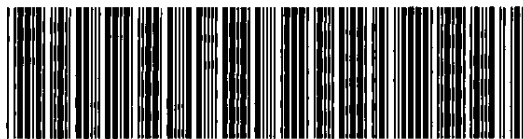
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2009 JUN 17 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

JUN 18 2009

EXAMINER

To: Division of Corporations

From: Antonette Barion

Date: 06/15/2009

Re: Cover Letter – Confirmation of Name and address

Registration Section

Please see attached application for: Millie's Gourmet Biscotti. My address is: 4710 Trout River Xing – Ellenton, FL 34222 – My Name: Antonette Barion – Phone Number: 941-531-4612 or 917-282-9646.

If you need additional information please feel free to contact me from: 8:00AM – 4:00PM at: 941-748-8555.

Thank you for your efforts.

Regards,

Antonette Barion
Millie's Gourmet Biscotti

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Millie's Gourmet Biscotti
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:

Antonette BARion
Name of Person

Millie's Gourmet Biscotti
Firm/Company

4710 Trout River Xing
Address

Ellenton, FL 34222
City/State and Zip Code

toni12667@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Antonette BARion at (941) 531-4612
Name of Person 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:

Millie's Gourmet Biscotti 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:

4710 Trout River Xing
Ellenton, FL 34222

Mailing Address:

4710 Trout River Xing
Ellenton, FL 34222

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:

Antonette BARion

Name

4710 TRout River Xing

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

Ellenton FL 34222

City, State, and Zip

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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..

Antonette Barion

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED

ARTICLE IV- Manager(s) or Managing Member(s):

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

2009 JUN 17 AM 11:07
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TALLAHASSEE, FLORIDA

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Antonette BARion
4710 Trout River Xing
Ellenton, FL 34222

MGRM

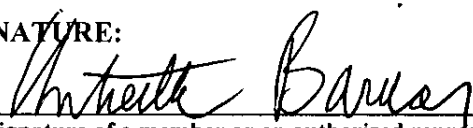
Theresa BARion-Valente
6356 Royal Tern CIR.
Bradenton, FL 34202

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 6/17/2009 (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.)

Antonette BARion
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)