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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO. yummylicious, llc

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

C. LEWIS

NOV 24 2009

EXAMINER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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(3)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is:

YUMMYLICIOUS, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

2841 W. LAKE VISTA CIRCLE

SAME

DAVIE, FL 33328

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature

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

KELLE BERKELEY

Name

2841 W. LAKE VISTA CIRCLE

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

DAVIE, FL 33328

City, State and Zip

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Having been named as registered agent and to accept service to process for the above stated liability company of 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 in Chapter 608, F.S.

Kelleman Berkeley
Registered Agent's Signature

(CONTINUED)

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ARTICLE IV - Manager(s) of 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:

MGRM

KELLE BERKELEY

2841 W. LAKE VISTA CIRCLE

DAVIE FL 33328

MGRM

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



Signature of 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.)

KELLE BERKELEY

Typed or printed name of signer

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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