(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL .
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
٠.		

Office Use Only

G. MCLEOD

DEC - 4 2009

EXAMINER



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900163121439 12/02/09--01011--021 **130.00

COVER LETTER

Registration Section
Division of Corporations TO:

SUBJECT: Marcali's Sweets & Treats dba Candy Bouquet of Wesley Chapel
Name of Limited Liability Company

	Name of Lim	wu Liaoi	my Company		
The enclosed Articles	of Organization and fee(s) are	submitte	ed for filing.		
Please return all corres	spondence concerning this ma	tter to the	e following:		
	· .		te Celis		
		Name o	f Person		,
<u>=</u>	· · · · · · · · · · · · · · · · · · ·	Firm/C	ompany		
	15		rdley Dr.		
		Add	Iress		
 			pel, FL 33544		
		•	nd Zip Code	,	
	alica E-mail address: (to be used	indy3@	yahoo.com	cation)	
	`		aintai report notti	CallOII)	
For further information	n concerning this matter, pleas	se call:			
	on de Celis	at (813)	9	07-2077
Name	e of Person		Area Code & Days	ime Tele	phone Number
Enclosed is a check	for the following amount:		,		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Ce	5.00 Filing Fee of rtified Copy ditional copy is encl	_	\$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 A Registration Sect Division of Corp Clifton Building 2661 Executive	ion porations Center C	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Na			
The name of the I	imited Liability Company is:		•
	Marcali's Sweets & 7	Γreats. L.L.C.	
(N	lust end with the words "Limited Liabilit	y Company," "L.L.C.," or "LLC.")	
ARTICLE II - A The mailing addre	ddress: ess and street address of the pri	ncipal office of the Limited I	Liability Company is:
Principal Office	Address:	Mailing Address:	•
1513 Yardley Di Wesley Chapel.		Same as principal office a	address
(The Limited Liability of business entity with ar	Registered Agent, Registered Company cannot serve as its own Register active Florida registration.) Florida street address of the re	ered Agent. You must designate an indi	
	Alison de	<u> </u>	.SE IVIS
	Name	Ociis	DEC
	1513 Yard	ley Dr	-3 GAR
	Florida street address (P.O.	Box NOT acceptable)	
	Wesley Chapel, FL 3354		ਨ ੇ ਉਨ੍ਹ
	City, State, an	d Zip	5 A
liability comp registered agent of statutes relating	ned as registered agent and to a any at the place designated in the and agree to act in this capacity to the proper and complete per ligations of my position as regis	nis certificate, I hereby accept c. I further agree to comply with formance of my duties, and I d	the appointment as th the provisions of all am familiar with and

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

MGR MGR	Alison de Celis 1513 Yardley Dr Wesley Chapel, FL 33544 Marcelino de Celis 1513 Yardley Dr Wesley Chapel, FL 33544
MGR	Marcelino de Celis 1513 Yardiey Dr
	
	date of filing: (OPTIONAL) specific and cannot be more than five business days p
REQUIRED SIGNATURE:	n de Celis
Signature of a member	tion 608.408(3), Florida Statutes, the execution
Signature of a member (In accordance with sect of this document constitute that the facts stated here.)	tion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury

Page 2 of 2

\$ 5.00 Certificate of Status (Optional)