## L100000/6002

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PICK-UP WAIT MAIL
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**EXAMINER** 

A. LUNT

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SUBJECT: LadyBug	g Sweets and Treats, LLC.
	imited Liability Company
The enclosed Articles of Organization and fee(s)	are submitted for filing.
Please return all correspondence concerning this	matter to the following:
	Abigail Martinez  Name of Person
	Name of resort
LadyBug	Sweets and Treats, LLC.
	Firm/Company
	830 NE 128 St
	Address
No	orth Miami, FL 33161
	City/State and Zip Code
info@lac	lybugsweetsandtreats.com
E-mail address: (to be us	ed for future annual report notification)
For further information concerning this matter, plants	ease call:
Abigail Martinez	at ( 305 ) 891-3523
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount	:
\$125.00 Filing Fee \$\times \$130.00 Filing Fee & Certificate of Status	
Mailing Address  Registration Section  Division of Corporation	Street/Courier Address Registration Section Division of Corporations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nam	= -	
The name of the Lin	nited Liability Con	npany is:
	LadyBug Swe	eets and Treats, LLC.
(Mus	t end with the words "Li	mited Liability Company," "L.L.C.," or "LLC.")
ARTICLE II - Add The mailing address		of the principal office of the Limited Liability Company is:
Principal Office Ac	ldress:	Mailing Address:
830 NE 128 St North Miami, FL 3	3161	Same 28
(The Limited Liability Conbusiness entity with an ac	npany cannot serve as its tive Florida registration. orida street addres	egistered Office, & Registered Agent's Signature:  own Registered Agent. You must designate an individual of another to be so of the registered agent are:
-	A	bigail Martinez Name
	8	30 NE 128 St
<del>-</del>	Florida street ad	dress (P.O. Box NOT acceptable)
_	North Miami, Fl	. 33161 <sub>FL</sub>
	Ci	ty, State, and Zip
liability company registered agent and statutes relating to	y at the place design I agree to act in this o the proper and cos	at and to accept service of process for the above stated limited mated in this certificate, I hereby accept the appointment as s capacity. I further agree to comply with the provisions of all mplete performance of my duties, and I am familiar with and n as registered agent as provided for in Chapter 608, F.S

(CONTINUED)

## 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" = Mana; "MGRM" = Mar	
MGR	Abigail Martinez
	North Miami, FL 33161 エロ
	S 2 2
MGR	Yolanda Rodriquez m≺
	6230 W 24 Ct, #103-7
	Hialeah, FL 33016
MGR	RA C
IVIOIX	Esperanza Melgar
	330 NE 56 St Miami, FL 33137
LE V: Effective	ate, if other than the date of filing: (OPTIONAL
LE V: Effective Tective date is lis days after the da	ate, if other than the date of filing: (OPTIONAL ed, the date must be specific and cannot be more than five business days see of filing.)  NATURE:
(Use attachment LE V: Effective ffective date is list days after the days after t	ate, if other than the date of filing: (OPTIONAL ed, the date must be specific and cannot be more than five business days the of filing.)
LE V: Effective fective date is lis days after the da	ate, if other than the date of filing: (OPTIONAL ed, the date must be specific and cannot be more than five business days see of filing.)  NATURE:  Abiquil Martine
LE V: Effective Tective date is lis days after the da	ate, if other than the date of filing:
LE V: Effective fective date is lis days after the da	ate, if other than the date of filing:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)