Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6383

From:

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: LAZARUS CORPORATE FILING SERVICE, INC.

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

Email Address:

FLORIDA LIMITED LIABILITY CO. SANTA LUCIA BAKERY LLC

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Certificate of Status	0
Certified Copy	<u> </u>
Page Count	03
Estimated Charge	\$155.00

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Corporate Filing Menu

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H10000052342

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
JOHN WOM PHICKY	hC
(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	e Limited Liability Company is:
Principal Office Address: Mailing Addres	<u>is:</u>
11 SCI W2 OESII T2 SCI W2 OESII CCIEE)7 ILLALLI	172 ST FC 3317>
ARTICLE III - Registered Agent, Registered Office, & Regist (The Limited Liability Company cannot serve as its own Registered Agent. You must d business entity with an active Florida registration.) The name and the Florida street address of the registered agent are	esignate an individual or another
ARNALD RODRIGUEZ	— SEE
Name	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
11830 SW 772 ST	· 553 :
Florida street address (P.O. Box NOT	
MIANI FL 3317	7
City, State, and Zip	•
Having been named as registered agent and to accept service of pre- liability company at the place designated in this certificate, I have registered agent and agree to act in this capacity. I further agree to statutes relating to the proper and complete performance of my deaccept the obligations of my position as registered agent as pro-	reby accept the appointment as o comply with the provisions of all uties, and I am familiar with and
Registered Agent's Signature (REQUIRED)	

(CONTINUED) Page 1 of 2

H10000052342

H10000052342

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

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

Title:		Name and Address:	
"MGR" = Mana; "MGRM" = Mai			
UGR		ARNALDO RODRIGUEZ	L
		11830 PM 135 RL	
•		WIENT EC 33177	
			
			
			
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CLE V: Effective effective date is li 0 days after the d	date, if other than the sted, the date must be ate of filing.) GNATURE: Signature of a member of this document constitute the facts stated	he specific and cannot be more than five be been or an authorized representative of a member section 603,408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury	10 HAR -8 A

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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