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C. LEWIS MAR 1 6 2010 EXAMINER

COVER LETTER

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TO: Registration Section Division of Corporations				
SUBJECT: Delight Full Name of	Selectables LLC FLimited Liability Company			
The enclosed Articles of Organization and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Marie F. Senat				
Name of Person				
Firm/Company				
9601 Fortaine bleau Blvd. #309				
Address				
Miami FL 33172 City/State and Zip Code				
City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
· ·				
For further information concerning this matter	, prease can.			
Marie Senot	at (708) 781 4814			
Name of Person	Area Code & Daytime Telephone Number			
Enclosed is a check for the following amo	unt:			
□\$125.00 Filing Fee □\$130.00 Filing F. Certificate of Sta				
Mailing Adduses	Street/Courier Address			

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:

Delightful Delectables 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: Mailing Address:
9601 Fontaine Deau Bld 9601 Fontaine bleau Blvd. Apt 309 Miami, FL 33172 Miami, FL 33172 Miami, FL 33172
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: Maril Strat Name
Name Old Ol Fontaine bleau Blvd #309 Florida street address (P.O. Box NOT acceptable)
Miami FL 33172 City, State, and Zip
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
Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

FILED

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

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

2010 HAR 15 PM & 03

SEURETARY UF STATE
TALL AHASSEE, FLORIDA

<u>Title:</u> "MGR" = Manager	Name and Address:	TALLAHASSE
"MGRM" = Managing Member MGRM" = Managing Member	Marie F. Senst 9401 Fontaine blea Miami, FL 3317	u 15/1/3 #309
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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: <u>May 15, 2010</u> (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.)

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)