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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

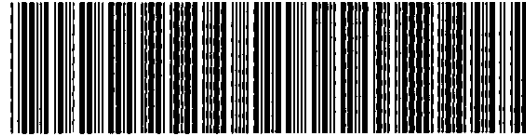
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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B. KOHR

JUL 21 2010

EXAMINER

SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 JUL 19 PM 12:25

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Artisan Cheesecake Co., LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Scott E. Williams

Name of Person

The Artisan Cheesecake Co., LLC

Firm/Company

2701 Donaldson Drive

Address

Orlando, FL 32812

City/State and Zip Code

scottw@cfl.rr.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Scott E. Williams

Name of Person

at (407) 421-5779

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$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 Address

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

RECEIVED
DIVISION OF CORPORATIONS
10 JUL 19 PM 12:25

**ARTICLES OF ORGANIZATION FOR FLORIDA
LIMITED LIABILITY COMPANY**

ARTICLE I

Name

The name of this Limited Liability Company is **The Artisan Cheesecake Co., LLC** (the "Company").

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DIVISION OF CORPORATIONS
10 JUL 19 PM 12:25

ARTICLE II

Address

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

The Artisan Cheesecake Co., LLC
2701 Donaldson Drive
Orlando, FL 32812

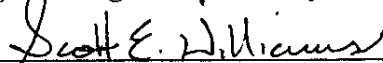
ARTICLE III

Registered Agent, Registered Office, & Registered Agent's Signature

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

Scott Williams
2701 Donaldson Drive
Orlando, FL 32812

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

ARTICLE IV

Managing Member

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

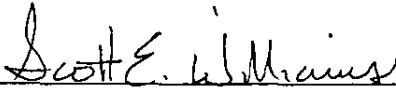
Scott E. Williams, MGRM
2701 Donaldson Drive
Orlando, FL 32812

ARTICLE V

Effective date

The Company shall commence its existence upon filing these Articles of Organization with the Florida Secretary of State.

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.)

Scott E. Williams

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) Page 2 of 2**