

L100000690581

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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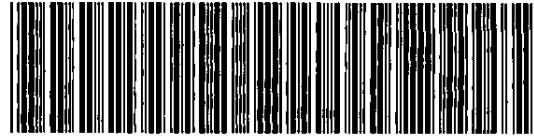
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
10 OCT - 1 AM 11:17

T. HAMPTON

OCT - 4 2010

EXAMINED

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MMMMDELICIOUS,LLC

Name of Limited Liability Company

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

LAURA JEAN ROY

Name of Person

MMMMDELICIOUS, LLC

Firm/Company

2652 RAVENDALE LANE

Address

HOLIDAY, FL 34691

City/State and Zip Code

mmmmdeliciouscupcakes@gmail.com

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

For further information concerning this matter, please call:

LAURA JEAN ROY

Name of Person

at ( 727 )

94-2199

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

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

**Enclosed is a check for the following amount:**

- ☒ \$25 Filing Fee    ☐ \$30 Filing Fee & Certificate of Status    ☐ \$55 Filing Fee & Certified Copy    ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**ARTICLES OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted **within the required 30 business days** to correct the **attached** articles of organization or application to transact business in Florida.

**FIRST:**      The name of the limited liability company is:  
   **MMMMDELICIOUS, LLC**

**SECOND:**      The articles of organization or the application to transact business

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**



Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

MGR....SHERYL LYNN FRANKS IS INCORRECT. HER CORRECT NAME IS:

SHERYL LYNN BOWER. THE MISTAKE WAS MADE IN ERROR. PLEASE

CORRECT HER NAME AS MGR.

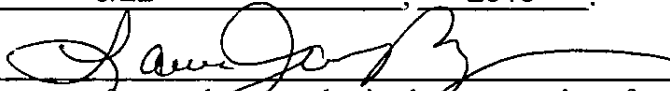
**OR**



Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated: 9/22, 2010



Signature of a member or authorized representative of a member

LAURA JEAN ROY

Typed or printed name of signee

**Filing Fee:                      \$25.00**  
**Certified Copy:              \$30.00 (optional)**

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

MMMMDELICIOUS, 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:

2652 RAVENDALE LANE  
HOLIDAY, FL 34691

#### Mailing Address:

2652 RAVENDALE LANE  
HOLIDAY, FL 34691

### 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:

LAURA JEAN ROY

Name

2652 RAVENDALE LANE

Florida street address (P.O. Box NOT acceptable)

HOLIDAY

FL 34691

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.*

Laura Jean Roy  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

JENNIFER MARIE FRANKS

7419 COMO DR

NEW PORT RICHEY, FL 34655

MGR

SHERYL LYNN FRANKS

3500 HERON ISLAND DRY

NEW PORT RICHEY, FL 34655

MGR

LAURA JEAN ROY

2652 RAVENDALE LANE


HOLIDAY, FL 34691

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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.)

LAURA JEAN ROY

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)**

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