

L10000097122

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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10 SEP 14 PM 4:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W10-43595

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: Best Bakery 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:

Ricardo Bernasconi

Name of Person

Best Bakery LLC

Firm/Company

320 San Sebastian Ave

Address

Coral Gables, FL 33134

City/State and Zip Code

guyunusa@aol.com

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

For further information concerning this matter, please call:

Ricardo Bernasconi

Name of Person

at (305) 510-4916

Area Code & Daytime Telephone Number

or
305. 441 0655

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

FAX 850.2456030
File M: Ricardo Bernasconi TO: JINA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Best Bakery, 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:4700 NW 8 Street
Miami, FL 33126#
Loc. 17
Loc # 18**Mailing Address:**320 San Sebastian Ave
Coral Gables, FL 33134**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:

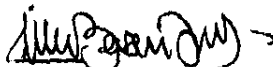
Ricardo Bernasconi

Name

320 San Sebastian Ave.Florida street address (P.O. Box **NOT** acceptable)Coral Gables FL 33134

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)

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TALLAHASSEE, FLORIDA

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:

MGRM

Omar Martinez

11324 NW 16 Street
Pembroke Pines FL 33026

MGR

Ricardo Bernasconi

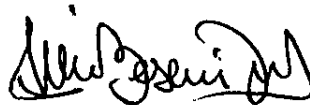
320 San Sebastian Ave
Coral Gables FL 33134

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: Sept 10, 2010 (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.)

Ricardo Bernasconi

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)