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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Audne's Commet Goodies, 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:
Audre Bloom Name of Person
Audrie's Governey Goodies, uc
8258 Soyalass Dive
West Palm Beach, PL 33412 City/State and Zip Code
audrie 427 e aol. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Audne Bloom at (561)624-9846 Name of Person at (561)624-9846 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}
Mailing Address Registration Section Division of Corporations Street/Courier Address Registration Section Division of Corporations

Registration Section
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

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

SECRETARY OF STATE DIVISION OF CORPERTION

ARTICLES OF ORGANIZATION for AUDRIE'S GOURMET GOODIES, L.L.C.

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The undersigned person acting as an Organizer of a limited liability company under the Florida Limited Liability Company Act adopts the following Articles of Organization:

ARTICLE I – Name: The name of this Limited Liability Company is "AUDRIE'S GOURMET GOODIES, L.L.C."

ARTICLE II – Address: The mailing address and street address for the principal office of this Limited Liability Company is:

8258 Spyglass Drive West Palm Beach, Florida 33412.

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the Registered Agent are:

AUDRIE BLOOM 8258 Spyglass Drive West Palm Beach, Florida 33412.

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, Florida Statutes.

Signature of Registered Agent

ARTICLE IV - Manager(s) or Managing Member(s): The name and the address of each Manager or Managing Member is as follows:

TITLE:

NAME AND ADDRESS:

MGRM

AUDRIE BLOOM 8258 Spyglass Drive

West Palm Beach, Florida 33412

ARTICLE V - I	Effective Date: Effective	ve immediately upon	receipt, processing,	approval and
filing of these Art	ticles of Organization b	the State of Florida	, Department of Stat	e, Division of
Corporations.		7 <i>V</i>	•	•
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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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in Section 817.155, Florida Statutes.

Printed Name of Signee

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AUDRIE BLOOM

SCHEDULE "A"

Member

Profits
Percentage
100%

<u>Capital</u> <u>Contribution</u>

\$

AUDRIE BLOOM 8258 Spyglass Drive West Palm Beach Florida 33412

AUDRIE'S GOURMET GOODIES, L.L.C.

LIMITED LIABILITY COMPANY OPERATING AGREEMENT