

L11000051906

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000201831330

04/15/11--01042--009 **130.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAY -2 AM 11:53

T. HAMPTON

MAY - 3 2011

EXAMINER

49512-110

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sweet Licks Bake Shoppe
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:

Melissa Dierenzo
Name of Person

Sweet Licks Bake Shoppe
Firm/Company

2162 SW Gray Beal Avenue
Address

Port Saint Lucie, FL 34953
City/State and Zip Code

mmdierenzo@yahoo.com
E-mail address:(to be used for future annual report notification)

For further information concerning this matter, please call:

Melissa Dierenzo at (561) 315-7096
Name of Person 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

11 MAY -2 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

April 18, 2011

MELISSA DIRENZO
2162 SW GRAY BEAL AVE
PORT ST LUCIE, FL 34953

SUBJECT: SWEET LICKS BAKE SHOPPE, L.L.C.
Ref. Number: W11000021566

We have received your document for SWEET LICKS BAKE SHOPPE, L.L.C. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person designated as registered agent in the document and the person signing as registered agent must be the same.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 511A00009330

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

The Bakery Box
Sweet Licks Bake Shoppe, L.L.C.
(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:

765 SW Dalton Circle #2594
Port Saint Lucie, FL 34953

Mailing Address:

2162 SW Gray Beal Avenue
Port Saint Lucie, FL 34953

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:

Melissa Michael Dierenzo
Name

2162 SW Gray Beal Avenue
Florida street address (P.O. Box **NOT** acceptable)
Port Saint Lucie FL 34953
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.

Melissa Dierenzo
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

Melissa Direnzo
2162 SW Gray Beal Avenue
PSC, FL 34953

MGR

Michael Direnzo
2162 SW Gray Beal Avenue
PSC, FL 34953

(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:

Melissa Direnzo
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 s.817.155, F.S.)

Melissa Direnzo
Typed or printed name of signer

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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAY -2 AM 11:56