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SECRETARY OF STATE

J. SAULSBERRY EXAMINER

AUG 10 2011

COVER LETTER

TO: Registration Division of C		ŕ	
_{SUBJECT:} Jaye'	s Cake Kingdom, L	LC Liability Company	
	of Organization and fee(s) are su	-	
Jaye No		lame of Person	
	F	irm/Company	
1 Main S	treet, Building A, Su	uite 100	
	· · · · · · · · · · · · · · · · · · ·	Address	70 TAI
Tequesta,	Florida 33469		2011 AUG SECRETI
<u> </u>		State and Zip Code	TARY DE
	E-mail address: (to be used for	future annual report notification)	PPS T
For further information	concerning this matter, please c	all:	8: 46
Charles H. Burn	s, Esq.	747-2600	
Name	of Person	Area Code & Daytime Telephone Num	ber
Enclosed is a check f	or the following amount:		
\$125.00 Filing Fee [\$130.00 Filing Fee & Certificate of Status	Certified Copy Certific (additional copy is enclosed) Certifie	Filing Fee, ate of Status & d Copy al 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	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Comp	pany is:	
Jaye's Cake Kingdom, LL	С	
(Must end with the words "Limi	ted Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address o	f the principal office of the Limited	d Liability Company is:
Principal Office Address:	Mailing Address:	
1 Main Street	1 Main Street	
Bldg. A, Suite 100	Bldg. A, Suite 100	
Tequesta, FL 33469	Tequesta, FL 33469	
ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its or business entity with an active Florida registration.)	istered Office, & Registered Age wn Registered Agent. You must designate an i	ndividual or another
The name and the Florida street address	DII AUG - SECRETA	
Jaye Norris		-9 -9 SSE
	Name	mo - m

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.

FL 33469 City, State, and Zip

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

1 Main Street, Bldg. A, Suite 100

Tequesta

Registeréli Agent's Signature (REQUIRED

(CONTINUED)

Page 1 of 2

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

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ECRETARY OF STATE LAHASSEE, FLORIDA	1 AUG -9 AM 8: 46
(OPTIC	- - - ONAL days
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this document ed herein are true artment of State	:.

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)