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SECHETARY OF STATE

## **COVER LETTER**

TO: Registration Division of C				
SUBJECT: Cookies, Brownies & More, LLC				
Name of Limited Liability Company				
The enclosed Articles	of Organization and fee(s) are s	submitted for filing.		
Please return all corres	spondence concerning this matte	er to the following:		
Barbara	Jo Sherman			
		Name of Person		
Cookies	, Brownies & More	, LLC		
		Firm/Company		
5433 Bra	adley Street			
***************************************		Address		
Pensacola	a, FL 32526	-		
	City	/State and Zip Code		
bj_sherma	n@hotmail.com	or future annual report notification)		
For further information	n concerning this matter, please	•		
Barbara Jo She	erman	at ( 850 ) 944-2371		
Name	e of Person	Area Code & Daytime Telepl	hone 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 Cit Tallahassee, FL 32301	rcle	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE 1 - Name:** 

The name of the Limited Liability Compa	ıny is:	
Cookies, Brownies & More	, LLC	
(Must end with the words "Limited	d Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of	the principal office of the Limited Liability Cor	npany is:
Principal Office Address:	Mailing Address:	
8102 North Davis Highway, Suite B-400 Pensacola, FL 32514	P. O. Box 11676 Pensacola, FL 32524	
	stered Office, & Registered Agent's Signature on Registered Agent. You must designate an individual or another	
The name and the Florida street address o	of the registered agent are:	<b>E T</b>
Barbara Jo Sherm	nan ASS	19
	Name mag	111
5433 Bradley	Street	M 10: 53
Florida str	reet address (P.O. Box NOT acceptable)	55
Pensacola	<sub>FL</sub> 32526	
C	City, State, and Zip	
liability company at the place designate registered agent and agree to act in this co statutes relating to the proper and compl	and to accept service of process for the above state red in this certificate, I hereby accept the appointmap apacity. I further agree to comply with the provise lete performance of my duties, and I am familiar v as registered agent as provided for in Chapter 608	nent as ions of all with and

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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

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

	<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
	MGR	Barbara Jo Sherman 5433 Bradley Street Pensacola, FL 32526
	MGRM	Henrietta Sherman P. O. Box 11676 Pensacola, FL 32524
	<u> </u>	
	(Use attachment if necessary)	
(If an	ICLE V: Effective date, if other than the	e date of filing: 9   5   1 (OPTIONAL)  se specific and cannot be more than five business days prior
	REQUIRED SIGNATURE:	FIL SECRETAR
*	(In accordance with section 608 constitutes an affirmation unde I am aware that any false information to the section of the se	8.408(3), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein a firue.  mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.)
	Parhara la Sh	

Barbara Jo Shermar

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)