L1100011523/

(Requestor's Name)
(Address)
,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Octation dopies
Special Instructions to Filing Officer:

Office Use Only



300212934253

10/06/11--01019--019 **160.00

FILEU

11 OCT -6 PN 3: 26
SECKE LARY OF STATE
ANASSEE, FLORIDA

COVER LETTER

TO:	Registration of	on Section f Corporations		
SUBJE	cct: Wo	of Gang Bakery Ju	piter, LLC	
		Name of Limit	ed Liability Company	
The en	closed Article	es of Organization and fee(s) are	submitted for filing.	
Please	return all com	respondence concerning this mat	ter to the following:	
	Courtne	ey Barnes		
			Name of Person	
•			Firm/Company	
	5500 M	lilitary Trail, Ste 12		
			Address	
,	Jupiter, F	FL 33458		
•	· · · · · · · · · · · · · · · · · · ·		y/State and Zip Code	
_	courtney	@woofgangbakery.con		
		E-mail address: (to be used	for future annual report notification)	
For fur	ther informat	ion concerning this matter, pleas	e call:	
Cour	tney Barr	nes	at (561) 371-4715	
-	Na	rme of Person	Area Code & Daytime Tele	ephone Number
Enclos	sed is a chec	k for the following amount:		
\$125.0 0	Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 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 Corporation Clifton Building 2661 Executive Center (Tallahassee, FL 32301	is

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company	is:
Woof Gang Bakery Jupiter, L	LC.
(Must end with the words "Limited Lia	
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5500 Military Trail, Ste 12 Jupiter, FL 33458	5500 Military Trail, Ste 12 Jupiter, FL 33458
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.)	red Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another
The name and the Florida street address of the	e registered agent are:
Courtney Barnes	ASSISTANCE -6
Nan	
5500 Military Tra	ail, Ste 12 address (P.O. Box NOT acceptable)
Florida street	address (P.O. Box NOT acceptable)
Jupiter	FL 33458
City,	State, and Zip
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as city. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and egistered agent as provided for in Chapter 608, F.S

(CONTINUED)

d Agent's Signature (REQUIRED)

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:

"MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGR	Courtney Barnes
**************************************	5500 Military Trail, Ste 12 Jupiter, FL 33458
	Jupiter, PL 33438
.	
/II	
(Use attachment if necessary) CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.)	e date of filing: (OPTIONAL) be specific and cannot be more than five business days pri
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE:	be specific and cannot be more than five business days pri
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a memb	be specific and cannot be more than five business days pri
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a memb (In accordance with section 60 constitutes an affirmation under 1 am aware that any false information.)	be specific and cannot be more than five business days printed and cannot be more than five business days pr

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)