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Certified Copies	_ Certificate	s of Status
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C. LEWIS NOV 1 0 2011 EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	nd of the second
SUBJECT: Family Cookie Creat	ions, LLC
	imited Liability Company
The enclosed Articles of Organization and fee(s)	are submitted for filing.
Please return all correspondence concerning this	matter to the following:
Kelly O'Toole	
•	Name of Person
Family Cookie Creations	s, LLC.
	Firm/Company
1310 Snug Harbor Drive	
	Address
Casselberry, FL 32707	·
	City/State and Zip Code
kelly_otoole@hotmail.com E-mail address: (to be us	sed for future annual report notification)
For further information concerning this matter, pl	· .
Kelly O'Toole	at (407) 699-1277
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount	:
\$125.00 Filing Fee & Certificate of Status	
Mailing Address Registration Section Division of Corporatio P.O. Box 6327 Tallahassee, FL 32314	Clifton Building

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compar	ny is:	
Family Cookie Creations, L	LC.	
(Must end with the words "Limited	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of t	the principal office of the Limited	Liability Company is:
Principal Office Address:	Mailing Address:	
1310 Snug Harbor Drive	1310 Snug Harbor Drive	
Casselberry, FL 32707	Casselberry, FL 32707	
ARTICLE III - Registered Agent, Regis (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of Kelly O'Toole	Registered Agent. You must designate an in	
1310 Snug Ha	arbor Drive	-9 -9

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..

City, State, and Zip

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

FL 32707

Registered Agen's Signature (REQUIRED)

Casselberry

(CONTINUED)

FILEU

MGR Kelly O'Toole 1310 Snug Harbor Drive Casselberry, FL 32707 MGRM Tim O'Toole 1310 Snug Harbor Drive Casselberry, FL 32707 Casselberry, FL 32707 (Use attachment if necessary) (Use attachment if necessary) (Use attachment if other than the date of filing:	Title: "MGR" = Manager	Name and Address:	SECNETARY OF S
MGRM Tim O'Toole 1310 Snug Harbor Drive Casselberry, FL 32707	"MGRM" = Managing Member		
MGRM Tim O'Toole 1310 Snug Harbor Drive Casselberry, FL 32707 (Use attachment if necessary) (OPTIONAL) (OPTIONAL) (Mective date is listed, the date must be specific and cannot be more than five business days prior days after the date of filing.) REQUIRED SIGNATURE: (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.)	MGR	Kelly O'Toole	
Casselberry, FL 32707 Tim O'Toole 1310 Snug Harbor Drive Casselberry, FL 32707 (Use attachment if necessary) CLE V: Effective date, if other than the date of filing:			
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ffective date is listed, the date must be specific and cannot be more than five business days prior days after the date of filing.) REQUIRED SIGNATURE: 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.)	(Ose attachment if necessary)		
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Kelly O'Toole	effective date is listed, the date mu days after the date of filing.) REQUIRED SIGNATURE:	ist be specific and cannot be more the	
	ffective date is listed, the date mu) days after the date of filing.) REQUIRED SIGNATURE: Signature of a model of the constitutes an affirmation of a management of the constitutes any false in the constitutes and constitutes a	ember or an authorized representative of an 608.408(3), Florida Statutes, the execution under the penalties of perjury that the facts information submitted in a document to the	a member. n of this document stated herein are true.

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)