

L11000137679

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

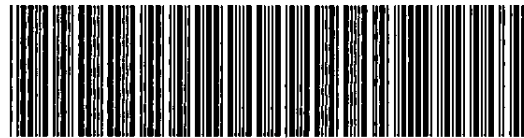
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200214569652

12/06/11--01003--012 \*\*130.00

11/28/11--01037--002 \*\*130.00

FILED  
2011 DEC -6 AM 9:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS

DEC 7 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 29, 2011

AMITA SINGH / CAKES BY AMITA LLC  
629 SW PALMETTO COVE  
PORT ST. LUCIE, FL 34986

SUBJECT: CAKES BY AMITA LLC.  
Ref. Number: W11000059836

We have received your document for CAKES BY AMITA LLC. and your check(s) totaling \$130.00. However, the document has not been filed and is being retained in this office for the following:

Please note the money amounts differ on the check. Please send a corrected check for the proper amount. The correct amount is \$130.00.

If you have any further questions concerning your document, please call (850) 245-6047.

Carolyn Lewis  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 611A00026693

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Cakes By Amita LLC.**

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:

Amita Singh

Name of Person

Cakes By Amita LLC.

Firm/Company

629 SW Palmetto Cove

Address

Port St. Lucie, FL 34986

City/State and Zip Code

pinkspinks@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amita Singh

Name of Person

at ( 772 ) 485-7937

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

**Cakes By Amita LLC.**

(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:

629 SW Palmetto Cove  
Port St. Lucie  
FL 34986

#### Mailing Address:

629 SW Palmetto Cove  
Port St. Lucie  
FL 34986

### 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:

Amita Singh

Name

629 SW Palmetto Cove

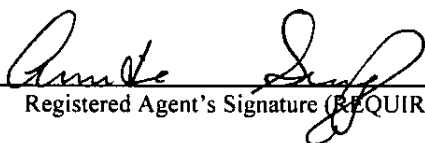
Florida street address (P.O. Box **NOT** acceptable)

Port St. Lucie, FL 34986

City, State, and Zip

FILED  
2011 DEC - 6 AM 9:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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..*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED

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

The name and address of each Manager or Managing Member is as follows: 2011 DEC -6 AM 9:51

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Amita Singh*

MGR

629 SW Palmetto Cove

Port St. Lucie

FL 34986

(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:**

*Amita Singh*

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.)

Amita Singh

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)