

L120000006627

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

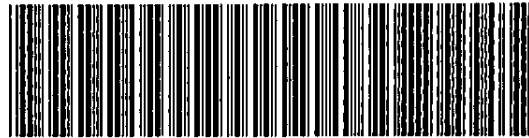
(Business Entity Name)

(Document Number)

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

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Office Use Only



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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 JAN 12 PM 3:07

SHCS-HH

S. Hampton JAN 12 2012

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Stay Calm Cupcake 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:

Patrick Hughes  
Name of Person

\_\_\_\_\_  
Firm/Company

2105 Eau Claire Ave  
Address

Deland FL, 32724  
City/State and Zip Code

Jill@staycalmcupcake.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jill Fontaine at ( 386 ) 366-1737  
Name of Person 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

December 15<sup>th</sup>, 2011

Tammy Hampton  
Regulatory Specialist II  
Florida Department of State  
Division of Corporations



SUBJECT: STAY CALM CUPCAKE LLC  
Ref. Number: W11000057745  
Letter Number 211A00025806

Enclosed is a copy of the original letter you sent us stating that we needed to make a few corrections with our paperwork. I have included the original paperwork you sent back to us along with a new corrected copy.

I have also listed a correct phone number where I can be reached 24 hours a day.

You still have my original filing check totaling \$160.00 – I have not added a new check as I assume you will use the one I already submitted.

If you have any questions, please feel free to call or email me. Thanks

A handwritten signature in black ink that reads "Jill Fontaine". The signature is fluid and cursive, with the first name "Jill" and last name "Fontaine" clearly distinguishable.

Jill Fontaine  
Stay Calm Cupcake, Owner  
386-366-1737



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

12 JAN 12 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

November 15, 2011

PATRICK HUGHES  
2105 EAU CLAIRE AVE  
DELAND, FL 32724

SUBJECT: STAY CALM CUPCAKE LLC  
Ref. Number: W11000057745

We have received your document for STAY CALM CUPCAKE LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

The name of the entity must be identical throughout the document.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 211A00025806

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Stay Calm Cupcake 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:

2105 Eau Claire Ave  
Deland FL 32724

### Mailing Address:

2105 Eau Claire Ave  
Deland, FL 32724

## 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:

Patrick Hughes

Name

2105 Eau Claire Ave

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

Deland FL 32724

City, State, and Zip

*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..*

Patrick Hughes

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Lillian Fontaine  
2105 East Claire Ave  
Deland FL 32724

MGRM

Patrick Hughes  
2105 East Claire Ave  
Deland FL 32724

(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:**

Patrick Hughes  
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.)

Patrick Hughes  
Typed or printed name of signer

**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)**