

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Let Them Eat Cake 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:

Elizabeth R. Kerns
Name of Person

Let Them Eat Cake LLC
Firm/Company

3604 St. Johns Ave.
Address

Jacksonville, FL 32205
City/State and Zip Code

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

2012 FEB 16 AM 8:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Elizabeth R. Kerns at (904) 868-3434
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Let Them Eat Cake 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:

Mailing Address:

Let Them Eat Cake LLC
3604 St. Johns Ave.
Jacksonville, FL 32205

Let Them Eat Cake
3604 St. Johns Ave.
Jacksonville, FL 32205

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:

Elizabeth R. Kerns
Name

3604 St. Johns Ave.
Florida street address (P.O. Box NOT acceptable)
Jacksonville FL 32205
City, State, and Zip

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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)

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

Elizabeth R. Kerns

4555 Park St.

Jacksonville, FL 32205

MGRM

Scott Kerns

4555 Park St.

Jacksonville, FL 32205

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TALLAHASSEE, FLORIDA

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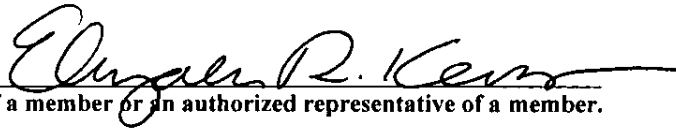
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(Use attachment if necessary)

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:



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.)

Elizabeth R. Kerns

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)

To Whom It May Concern:

I am purchasing an existing business. The current owner would prefer that I am set up to take over by February 27th which will include the following steps, many of which are prerequisites to establish the next: LLC, FEI/EIN#, Business License, and Business Bank Account. I spoke with many people from the Florida Department of State, Division of Corporations and attempted to explain my situation to gather the information needed to file the LLC articles correctly. Since the current owner does not wish to dissolve the S Corporation she operates as, I would like to set up the LLC using her business name "Let Them Eat Cake" since I will not be changing the name once I take over Feb 27th. I was told by two different representatives from the Division of Corporations that I could have the current business owner provide a letter granting me permission to use her business name. I cannot move forward in the process to obtain my business license or set up a business bank account without having the LLC. Please contact me if there are additional questions or concerns.

Thank you,



Elizabeth Kerns
4555 Park St
Jacksonville, FL 32205
(904)868-3434

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TALLAHASSEE, FLORIDA

FILED

To whom it may concern

As of February 27th, 2012 Elizabeth Kerns has full permission to use the business name of Let Them Eat Cake! @ 3604 St Johns Avenue, Jacksonville Florida 32205.

Anita Adams
Let Them Eat Cake!
904-389-2122

Anita Adams

02/06/2012

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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