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Certified Copies _____ Certificates of Status _____

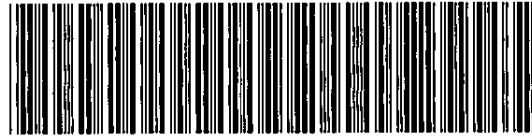
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03/07/12--01001--011 **155.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAR -6 AM 9:07

Maureen M. Wagener
Uhuru Foods & Pies, L.L.C.
1245 18th Av. S.
St. Petersburg, FL 33705

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAR -6 AM 9:07

February 15, 2012

Secretary of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Uhuru Foods & Pies, L.L.C.

Dear Sir or Madam:

Enclosed please find the original and one copy of Articles of Organization, together with a check in the amount of \$155.00. This represents the cost of the Filing Fees, Certified Copy of Articles of Organization and Fee for Registered Agent Designation for the above-named organization.

Very truly yours,



Maureen M. Wagener
Uhuru Foods & Pies, L.L.C.

Enclosures

check stapled here

ARTICLES OF ORGANIZATION

of

UHURU FOODS & PIES, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAR -6 AM 9:07

The undersigned subscriber to these Articles of Organization, a natural person competent to contract, hereby forms a limited liability company under the laws of the State of Florida.

ARTICLE I - ORGANIZATION NAME

The name of the organization is Uhuru Foods & Pies, L.L.C.

ARTICLE II - DURATION

The limited liability company shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The limited liability company is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - ORGANIZATION OFFICE

The organization's principal office address shall be as follows:

1245 18th Av. S.
St. Petersburg, FL 33705

The organization's mailing address shall be as follows:

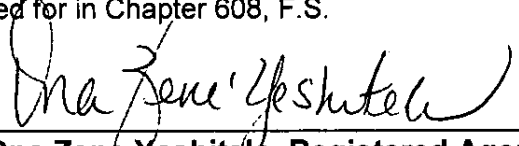
1245 18th Av. S.
St. Petersburg, FL 33705

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT & REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the Initial Registered Office and Agent of this Organization is:

Ona Zene Yeshitela
1245 18th Av. S.
St. Petersburg, FL 33705

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.


Ona Zene Yeshitela, Registered Agent

ARTICLE VI - MANAGERS

This organization shall have one (1) manager initially. The number of managers may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The name and address of the initial manager of the organization is as follows:

Maureen M. Wagener
Manager
1245 18th Av. S.
St. Petersburg, FL 33705

ARTICLE VII - SIGNER

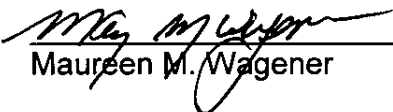
The name and address of the person signing these Articles of Organization is as follows:

Maureen M. Wagener
1245 18th Av. S.
St. Petersburg, FL 33705

ARTICLE VIII – MANAGEMENT

The Limited Liability Company is to be managed by one or more managers who are not also members and is, therefore, a manager – managed company.

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Organization this third day of ~~February~~ MARCH, 2012


Maureen M. Wagener

~~STATE OF FLORIDA
COUNTY OF PINELLAS~~

~~BEFORE ME, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared Maureen M. Wagener, known to me to be the person who executed the foregoing Articles of Organization, and who acknowledged before me that she executed these Articles of Organization.~~

~~IN WITNESS WHEREOF, I have hereunto affixed my hand and seal, in the State and County aforesaid, this ____ day of February, 2012~~

SEE ATTACHED

Notary Public, State of Florida at Large
My Commission Expires:

CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

State of California

County of Alameda

On 03/03/2012 before me, Raymond Kim Notary Public
(Here insert name and title of the officer)

personally appeared Maureen M. Wagener

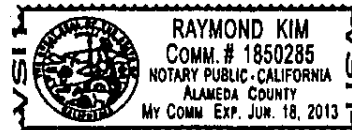
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature of Notary Public

(Notary Seal)



ADDITIONAL OPTIONAL INFORMATION

INSTRUCTIONS FOR COMPLETING THIS FORM

Any acknowledgment completed in California must contain verbiage exactly as appears above in the notary section or a separate acknowledgment form must be properly completed and attached to that document. The only exception is if a document is to be recorded outside of California. In such instances, any alternative acknowledgment verbiage as may be printed on such a document so long as the verbiage does not require the notary to do something that is illegal for a notary in California (i.e. certifying the authorized capacity of the signer). Please check the document carefully for proper notarial wording and attach this form if required.

- State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.
- Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.
- The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).
- Print the name(s) of document signer(s) who personally appear at the time of notarization.
- Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/they, is /are) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.
- Signature of the notary public must match the signature on file with the office of the county clerk.
 - ✦ Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
 - ✦ Indicate title or type of attached document, number of pages and date.
 - ✦ Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary)
- Securely attach this document to the signed document

DESCRIPTION OF THE ATTACHED DOCUMENT

Articles of Organization of
(Title or description of attached document)

Uhuru Foods & Pies, LLC
(Title or description of attached document continued)

Number of Pages 3 Document Date 3-3-12

(Additional information)

CAPACITY CLAIMED BY THE SIGNER

- ☐ Individual (s)
☐ Corporate Officer

(Title)

- ☐ Partner(s)
☐ Attorney-in-Fact
☐ Trustee(s)
☒ Other Manager