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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LA MAISON DES DELICES, 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:

FRITZGERALD FRANCOIS, ESQ

Name of Person

LAW OFFICES OF FRITZGERALD FRANCOIS, P.A.

Firm/Company

600 S. DIXIE HWY, SUITE 206

Address

BOCA RATON, FLORIDA 33432

City/State and Zip Code

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

For further information concerning this matter, please call:

Fritzgerald Francois

Name of Person

at (**561**) **417-7131**

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 COMPANY**

ARTICLE I- NAME

The name of the Limited Liability Company shall be: LA MAISON DES DELICES, LLC

ARTICLE II- PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

6649 A Somerset Dr 106
Boca Raton, Florida 33433

ARTICLE III- PURPOSE(S)

The purpose for which this Limited Liability Company is organized:

ANY AND ALL LAWFUL BUSINESS.

ARTICLE VI- INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the registered agent is:

Fritz Gerald Francois, Esq.
600 S. Dixie Hwy, Suite 206
Boca Raton, Florida 33433

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 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.


Registered Agent Signature

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ARTICLE VII- MANAGER MEMBER

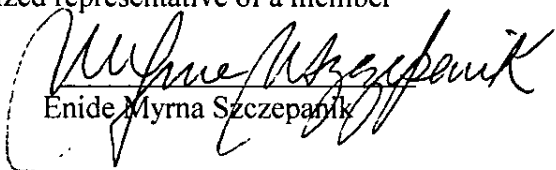
Title:

MGRM, President

Name and Address:

Enide Myrna Szczepanik
6649 A Somerset Dr 106
Boca Raton, Florida 33433

Signature of a member or an authorized representative of a member


Enide Myrna Szczepanik