L 1200006060H

(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

G. MCLEOD

MAY 16 2012

EXAMINER

RA -

5/11

COVER LETTER

TO: **Registration Section**
    Division of Corporations

SUBJECT: **Al's New-Matic Cake Turntable 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:

ALPHONSO WOODBURN

Name of Person

Al's New-Matic Cake Turntable

Firm/Company

14452 Grassy Cove Circle

Address

Orlando Florida 32824

City/State and Zip Code

alsnewmatic@gmail.com

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

For further information concerning this matter, please call:

ALPHONSO WOODBURN

at (**407**) **739=5905**

Name of Person   Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ $125.00 Filing Fee   ☑ $130.00 Filing Fee &   ☐ $155.00 Filing Fee &   ☐ $160.00 Filing Fee,
                            Certificate of Status   Certified Copy   Certificate of Status &
                                                          (additional copy is enclosed)   Certified Copy
                                                                                        (additional copy is enclosed)

Mailing Address   **Street/Courier Address**
Registration Section   Registration Section
Division of Corporations   Division of Corporations
P.O. Box 6327   Clifton Building
Tallahassee, FL 32314   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:

Al's New-Matic Cake Turntable 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:
14452 Grassy Cove Circle	14452 Grassy Cove Circle
Orlando Florida 32824	Orlando Florida 32824

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:

Name

ALPHONSO WOODBURN

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

14452 GRASSY COVE CIRCLE   FL 32824

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..*

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:

_____   _____
                                  _____
                                  _____

_____   _____
                                  _____
                                  _____

_____   _____
                                  _____
                                  _____

_____   _____
                                  _____

(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.)

_____
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)