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(Re	equestor's Name)	
(Ac	idress)	
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(Cit	ty/State/Zip/Phone	· • #)
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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G. MCLEOD

MAY 25 2012

EXAMINER



200229826542

05/24/12--01020--014 **125.00



COVER LETTER

·TO:

Registration Section Division of Corporations

SUBJECT: Abby's Kitchen LLC		
	ited Liability Company	
The enclosed Articles of Organization and fee(s) are	e submitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
Abby Bieker		
	Name of Person	
Abby's Kitchen LLC		
	Firm/Company	
4475 B Ashton Road		
•	Address	
Sarasota, FL 34233		
C	ity/State and Zip Code	
E-mail address: (to be used	for future annual report notification)	
For further information concerning this matter, please	se call:	
Abby Bieker	_at (609) 304-9684	
Name of Person	Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\ \times 130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	ıs &
Mailing Address	Street/Courier 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 The name of the Limited Liability Company is: Abby's Kitchen 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:** 4475 B Ashton Road 4040 Crockers Lake Blvd #1714 Sarasota, FL 34233 Sarasota, FL 34238 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: Taylor Bieker Aby Breker 12 MAY 24 PM 12: 30 4040 Crockers Lake Blvd #1714 Florida street address (P.O. Box NOT acceptable) FL 34238 City, State, and Zip Sarasota 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.. ed Agent's Signature (REQUIRED) (CONTINUED) Page 1 of 2

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SB 4.

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ARTICLE IV- Manager(s) or Ma	anaging Member(s): ager or Managing Member is as follows:
"MGR" = Manager "MGRM" = Managing Member	Name and Address:
110.12.00	Taylor Bieker
practice	4040 Crockers Lake Blvd #1714
·	Sarasota, FL 34238
	- ANILL-OVER
	·
	74.6
	·
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than t (If an effective date is listed, the date must to or 90 days after the date of filing.)	he date of filing: (OPTIONAL) t be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	4
Loyle	Aber or an authorized representative of a member.
(In accordance with section of constitutes an affirmation unless and the constitutes and the constitutes and the constitutes are constituted by the constitute of the constitu	ones of an authorized representative of a member. 608.408(3), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true. Formation submitted in a document to the Department of State only as provided for in s.817.155, F.S.) 7 yped or printed name of signee
	•• •

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)
Page 2 of 2

Filing Fees:

COVER LETTER

TO:

Registration Section Division of Corporations

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SUBJECT. Abby	y's Kitchen LLC		•
SUBJECT.		ted Liability Company	
The enclosed Articles	s of Organization and fee(s) are	submitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
Abby Bi	ieker		,
<u> </u>		Name of Person	
Abby's	Kitchen LLC		
		Firm/Company	
4475 R	Ashton Road		
	Asilion itoau	Address	
		ridareds	
Sarasota	, FL 34233		
	Ci	ty/State and Zip Code	
	E-mail address: (to be used	for future annual report notification)	
For further information	on concerning this matter, pleas	se call:	
Abby Biokon		000 004 0004	
Abby Bieker	ne of Person	at (609) 304-9684 Area Code & Daytime Telep	shara Nambar
Nau	ne of Person	Area Code & Daytime Telep	onone 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	Street/Courier Address Pagistration Section	

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

Abby's Kitchen 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:
4475 B Ashton Road	4040 Crockers Lake Blvd
Sarasota, FL 34233	#1714
	Sarasota, FL 34238

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:

4040 Crockers Lake Blvd #1714

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

Sarasota FL 34238
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:

"MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
Hanager	Taulas Bialias
Manager	Taylor Bieker
	4040 Crockers Lake Blvd #1714 Sarasota, FL 34238
	Sarasola, FL 34236
	·
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(Use attachment if necessary)	
TICLE V: Effective date, if other than the o	date of filing: (OPTIONAL)
FICLE V: Effective date, if other than the confective date is listed, the date must be	date of filing: (OPTIONAL) specific and cannot be more than five business days prior
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TICLE V: Effective date, if other than the confective date is listed, the date must be 90 days after the date of filing.) REQUIRED SIGNATURE:	specific and cannot be more than five business days prior
TICLE V: Effective date, if other than the confective date is listed, the date must be 90 days after the date of filing.) REQUIRED SIGNATURE:	
ICLE V: Effective date, if other than the confective date is listed, the date must be 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member	specific and cannot be more than five business days prior or an authorized representative of a member.
ICLE V: Effective date, if other than the confective date is listed, the date must be 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member (In accordance with section 608.)	r or an authorized representative of a member. 408(3). Florida Statutes, the execution of this document
ricle V: Effective date, if other than the constitutes an affirmation under	r or an authorized representative of a member. 408(3), Florida Statutes, the execution of this document the penalties of periury that the facts stated herein are true.
PICLE V: Effective date, if other than the connective date is listed, the date must be 190 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of a may are that any false inform	r or an authorized representative of a member. 408(3). Florida Statutes, the execution of this document
PICLE V: Effective date, if other than the confective date is listed, the date must be 90 days after the date of filing.) REQUIRED SIGNATURE: (In accordance with section 608. constitutes an affirmation under I am aware that any false inform constitutes a third degree felony	r or an authorized representative of a member. 408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. nation submitted in a document to the Department of State
REQUIRED SIGNATURE: (In accordance with section 608. constitutes an affirmation under I am aware that any false inform constitutes a third degree felony	r or an authorized representative of a member. 408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. nation submitted in a document to the Department of State

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)