

U12 00007779

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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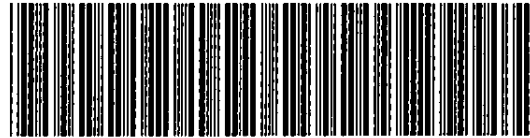
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

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T. CLINE

JUN 12 2012

EXAMINER

**TO: Registration Section  
Division of Corporations**

**DATE: June 7, 2012**

**SUBJECT: Simply Delectable LLC**

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lillian Chaves Moon  
Simply Delectable LLC  
P.O. Box 620996  
Oviedo, FL 32762-0996

E-mail address: [simplydelectablellc@gmail.com](mailto:simplydelectablellc@gmail.com)

For further information concerning this matter, please call: Lillian Chaves Moon at 407-760-3939

Enclosed is a check for the following amount: \$130.00 Filing Fee (\$125 filing fee; \$5 certificate of status)

**Mailing Address Street**

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

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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR SIMPLY DELECTABLE LLC, A  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is: Simply Delectable LLC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:** 270 W. 2<sup>nd</sup> Street  
Chuluota, FL 32766


**Mailing Address:** P.O. Box 620996  
Oviedo, FL 32762-0996

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

Lillian Chaves Moon  
270 W. 2<sup>nd</sup> Street  
Chuluota, FL 32766

*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

(CONTINUED)

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**ARTICLE IV- Manager(s) or Managing Member(s):**

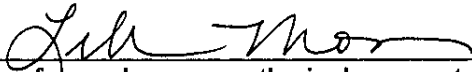
The name and address of each Manager or Managing Member is as follows:

Lillian Chaves Moon  
270 W. 2<sup>nd</sup> Street  
Chuluota, FL 32766  
Managing Member

**ARTICLE V: Additional Members:**

Samuel Edward Moon  
270 W. 2<sup>nd</sup> Street  
Chuluota, FL 32766

**ARTICLE VI: Effective date is date of filing.**



**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.)

Lillian Chaves Moon

\_\_\_\_\_  
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)**

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