# L12000097689

(Re	equestor's Name)	
(Ac	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	<u>-</u> ⊕ #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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SECRETARY OF STATE
SECRET

D. BRUCE
JUL 27 2012
EXAMINER

### COVER LETTER Service 1

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TO: Registration Division of C			
SUBJECT: K&M	Danish Bakery, I	LLC	
SUBJECT:		ited Liability Company	A Market -
The enclosed Articles	of Organization and fee(s) are	e submitted for filing.	
Please return all corres	pondence concerning this ma	atter to the following:	
Michael	D. Olesen		
<u> </u>	<u> </u>	Name of Person	
		Firm/Company	
21810 P	almetto Dunes Dr	ive	
		Address	
Estero, F	L 33928		
	C	ity/State and Zip Code	
bakeroles	en@gmail.com		
	E-mail address: (to be used	for future annual report notification)	
For further information	concerning this matter, pleas	se call:	
Jay F. Cook		at ( 239 ) 687-2400	
Name	e of Person	Area Code & Daytime Tele	phone Number
Enclosed is a check t	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)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	NG 91 A 13	Church Country & J.J.	CR CR

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

## APPROV AND FILED

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
K&M Danish Bakery, 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:
21810 Palmetto Dunes Drive	21810 Palmetto Dunes Drive
Estero, FL 33928	Estero, FL 33928
	gistered Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.)	own Registered Agent. You must designate an individual or another

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

Law Offices of Jay F. Cook, P.L.

Name

5150 North Tamiami Trail, Suite 201

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

Naples, FL 34103 FL 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)

Page 1 of 2

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

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

MGRM	Michael D. Olesen 21810 Palmetto Dunes Drive Estero, FL 33928
MGRM	Kevin M. Olesen
	6064 Lake Grasmere Way Fort Myers, FL 33908
Use attachment if necessary)	
LE V: Effective date, if other than	the date of filing: (OF
fective date is listed, the date mus days after the date of filing.)	st be specific and cannot be more than five busin

,

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.)

#### Michael D. Olesen

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)

SECRETARY OF STATE
TALLAHASSEE FLORIDS

APPROVED AND FILED