## L14000044791

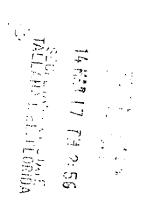
(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL.
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



900257771049

03/17/14--01012--012 \*\*125.00



J. Statuers MAR 18 2014.

## COVER LETTER TO: Registration Section **Division of Corporations** SUBJECT: DEBBIE'S DAIRY TREATS & DELIGHTS, 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: DEBBIE GILLETT Name of Person DEBBIE'S DAIRY TREATS & DELIGHTS, LLC Firm/Company 16151 HUFFMASTER ROAD Address NORTH FT MYERS, FLORIDA 33917-5932 City/State and Zip Code GODESOFTHERIVER@CENTURYLINK.NET E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: DEBBIE GILLETT Daytime Telephone Number Name of Person Area Code Enclosed is a check for the following amount:

Mailing Address

**☑** \$125.00 Filing Fee

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

□\$130.00 Filing Fee &

Certificate of Status

Street/Courier Address

□\$155.00 Filing Fee &

(additional copy is enclosed)

Certified Copy

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

□\$160.00 Filing Fee,

Certified Copy

Certificate of Status &

(additional copy is enclosed)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

DEBBIE'S DAIRY TREATS & DELIGHTS, LLC			
	ed Liability Company, "L.L.C.," or '	'LLC.")	
ARTICLE II - Address:			
The mailing address and street address of the principal	office of the Limited Liability Com	pany is:	
Principal Office Address:	Mailing Address:		
16151 HUFFMASTER ROAD NORTH FT. MYERS, FLORIDA 33917-5932	16151 HUFFMASTER ROA NORTH FT. MYERS, FLOR		
		XIBN OOG TA-C	
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its ow another business entity with an active Florida registrat	e, & Registered Agent's Signature	:	l or
(The Limited Liability Company cannot serve as its ow	e, & Registered Agent's Signature on Registered Agent. You must design	: gnate an individua	
(The Limited Liability Company cannot serve as its ow another business entity with an active Florida registrat	e, & Registered Agent's Signature on Registered Agent. You must design	: gnate an individua	n-mg/s
(The Limited Liability Company cannot serve as its ow another business entity with an active Florida registrat The name and the Florida street address of the registere	e, & Registered Agent's Signature on Registered Agent. You must design ion.)	: gnate an individua	
(The Limited Liability Company cannot serve as its ow another business entity with an active Florida registrat  The name and the Florida street address of the registered  DEBBIE GILLETT  Name	e, & Registered Agent's Signature on Registered Agent. You must design ion.)  ed agent are:	egnate an individua	The state of the s
(The Limited Liability Company cannot serve as its ow another business entity with an active Florida registrat  The name and the Florida street address of the registered  DEBBIE GILLETT	e, & Registered Agent's Signature on Registered Agent. You must design ion.) ed agent are:	egnate an individua	
(The Limited Liability Company cannot serve as its ow another business entity with an active Florida registrat  The name and the Florida street address of the registered  DEBBIE GILLETT  Nam  16151 HUFFMASTER ROA	e, & Registered Agent's Signature on Registered Agent. You must design ion.) ed agent are:	egnate an individua	

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 605, F.S..

intered rigent a pignature (10000111

Page 1 of 2

(CONTINUED)

	<u>Title:</u> "AMBR" = Authorized "MGR" = Manager	Member	Name and Address:			
	AMBR		DEBBIE GILLETT		_	
			16151 HUFFMASTER ROAD		_	
			NORTH FT. MYERS, FL 33917-593	32	_	
					_	
					-	
					<u>-</u>	
					<b>-</b>	
					<del>-</del> 	
	(Use attachment if neces	ssary)			<b></b>	
If an ef	LE V: Effective date, if or	ther than the date of filin	ng: (OPT	TIONAL) s prior to or	- 90 days	after
(If an ef the date	LE V: Effective date, if or fective date is listed, the	ther than the date of filin date must be specific a	ng: (OPT	TIONAL) s prior to or	-90 days	after
If an ef he date	LE V: Effective date, if of fective date is listed, the of filing.)	ther than the date of filin date must be specific a	ag: (OPT ind cannot be more than five business day	TIONAL) s prior to or	90 days	after
If an ef he date	LE V: Effective date, if of fective date is listed, the of filing.)	ther than the date of filin date must be specific a	ng: (OPT	TIONAL)	90 days	after
(If an ef the date	LE V: Effective date, if of fective date is listed, the of filing.)	ther than the date of filin date must be specific a if any.	ag: (OPT and cannot be more than five business day	TIONAL) s prior to or	90 days	after
(If an ef the date	LE V: Effective date, if of fective date is listed, the of filing.)  LE VI: Other provisions, i	ther than the date of filin date must be specific a if any.  URE:	and cannot be more than five business day	s prior to or	7	after
(If an ef the date	E V: Effective date, if of fective date is listed, the of filing.)  LE VI: Other provisions, if the provisions is seen to be a seen to	ther than the date of filin date must be specific a if any.  URE:  gnature of a member of with section 605.0203 affirmation under the pat any false information	or an authorized representative of a mem (1) (b), Florida Statutes, the execution of the enalties of perjury that the facts stated here is submitted in a document to the Department revided for in s.817.155, F.S.)	s prior to or	10/19/17 58/2	after

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)