

05/13/2014 16:40

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ARAZOZA & FERNANDEZ

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Division of Corporations

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**L14000077657**

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : ARAZOZA & FERNANDEZ-FRAGA P.A.  
Account Number : 076624003440  
Phone : (305) 444-6226  
Fax Number : (305) 442-4829

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2014 MAY 13 AM 8:00

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**FLORIDA LIMITED LIABILITY CO.  
FROM LUCY'S OVEN LLC**

Certificate of Status	1
Certified Copy	0
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TALLAHASSEE, FLORIDA

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2014 MAY 13 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDAARTICLES OF ORGANIZATIONOFFROM LUCY'S OVEN LLC

The undersigned members to these Articles of Organization hereby associate themselves together to form a Limited Liability Company under the laws of the State of Florida.

ARTICLE I  
NAME

The name of this Limited Liability Company is: FROM LUCY'S OVEN LLC

ARTICLE II  
GENERAL NATURE OF BUSINESS

The Limited Liability Company may engage in any activity or business permitted under the laws of the United States and of the State of Florida.

ARTICLE III  
TERM OF EXISTENCE

This Limited Liability Company is to exist perpetually. The Limited Liability Company's business will continue without regard to the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Limited Liability Company.

ARTICLE IV

The principal office and mailing address of this Limited Liability Company in the State of Florida is 1133 W CYPRESS DR, POMPANO BEACH, FL 33069. The Board of Managers may from time to time move the principal office to another address in Florida.

ARTICLE V  
REGISTERED OFFICE, REGISTERED AGENT

That FROM LUCY'S OVEN LLC, desiring to organize under the laws of the State of Florida, with its principal office as indicated in the Articles of Organization at the County of Miami-Dade, State of Florida, hereby designates ARAZOZA & FERNANDEZ-FRAGA P.A., as its Registered Agent to accept services within the State. The registered office of the Limited Liability Company shall be 2100 SALZEDO STREET, SUITE 300, CORAL GABLES, FL 33134.

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ARTICLE VI  
MANAGEMENT

The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager - managed company. The initial Manager shall be:

LUCIA M. CANO of  
1133 W CYPRESS DR, POMPAÑO BEACH, FL 33069

WITNESS the hand and seal of the Authorized Person in Miami-Dade County, State of Florida, this 13<sup>th</sup> day of May, 2014.

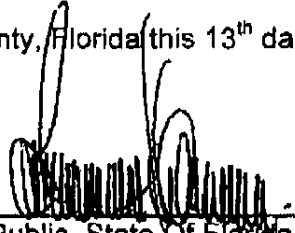
  
\_\_\_\_\_  
Jose M. Gomez Fontanals  
Authorized Person

STATE OF FLORIDA            )  
  ) SS:  
COUNTY OF MIAMI-DADE    )

PERSONALLY appeared before me, Jose M. Gomez Fontanals, as Authorized Person for FROM LUCY'S OVEN LLC, for and on behalf of the entity, who is personally known to me, who being by me first duly sworn, acknowledges that he signed the same for the purposes therein expressed.

WITNESS my hand and seal at Miami-Dade County, Florida this 13<sup>th</sup> day of May, 2014.



  
\_\_\_\_\_  
Notary Public, State Of Florida  
At Large

My commission expires:

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**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.**

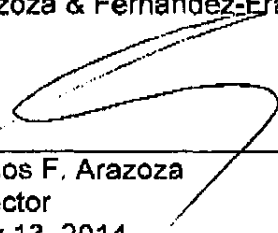
*In compliance with Section 48.091, Florida statutes, the following is submitted:*

**FIRST:** That FROM LUCY'S OVEN LLC, , desiring to organize or qualify under the laws of the State of Florida, with its principal place of business at the County of Miami-Dade, State of Florida, designates ARAZOZA & FERNANDEZ FRAGA P.A., as its Registered Agent to accept services within the State. The registered office of the Limited Liability Company shall be 2100 SALZEDO STREET, SUITE 300, CORAL GABLES, FL 33134.

Having been named to accept service of process for the above stated Limited Liability Company, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

**REGISTERED AGENT**

Arazoza & Fernandez-Fraga P.A.

By:   
Carlos F. Arazoza  
Director  
May 13, 2014

**FILED**  
**2014 MAY 13 AM 8:00**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**