

#L14000091341

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

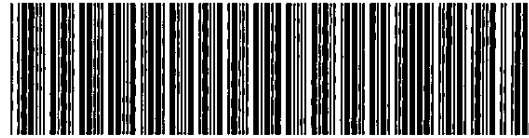
(Document Number)

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Special Instructions to Filing Officer:

RA WH-31708

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2014 JUN -6 PM 3:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
JUN -6 2014



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 20, 2014

ALICIA M. ZELLOUS  
2702 RENEGADE DR. #203  
ORLANDO, FL 32818

SUBJECT: SUGA MAMMA'S POUND CAKES LLC  
Ref. Number: W14000031708

We have received your document for SUGA MAMMA'S POUND CAKES LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 914A00010884

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Suga Mamma's Pound Cakes 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:

Alicia M. Zellous  
Name of Person

Suga Mamma's Pound Cakes LLC  
Firm/Company

2702 Renegade Dr #203  
Address

Orlando, FL 32818  
City/State and Zip Code

Sugamammas09@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alicia M. Zellous at 210 584-5223  
Name of Person Area Code Daytime Telephone 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  
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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Suga Mamma's Pound Cakes 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:


2702 Renegade Dr #203  
Orlando, FL 32818

P.O. Box 681267  
Orlando, FL 32868

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: Alicia Zellous

  
Name

2702 Renegade Dr #203  
Florida street address (P.O. Box NOT acceptable)

Orlando FL 32818  
City 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 605, F.S..

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

Owner/AMBR

MGR

MGR

~~MGR~~

**Name and Address:**

Alicia Zellous  
2702 Renegade Dr #203  
Orlando, FL 32818

Shannon Bryant  
2702 Renegade Dr #203  
Orlando, FL 32818

Snovia Zellous  
509 Lucile Way  
Orlando, FL 32835

~~Antonio Austin~~

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: ~~Jan 13, 2014~~ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

Alicia Zellous

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

\_\_\_\_\_  
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)