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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Consideration A. Filip Office
Special Instructions to Filing Officer:
1
W14-44321 consent

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SECRETARY OF STATE

T. Burch AUG 16 200

COVER LETTER

Division of Corporations	
SUBJECT: A Dee-Ziner Cake & Pastry LLC Name of Lin	mited Liability Company
The enclosed Articles of Organization and fee(s) a	-
Please return all correspondence concerning this m	natter to the following:
Delores Baker	Name of Person
	Firm/Company
130 Flamingo Rd.	Address
Venice FL 34293 deezinercakes@hotmail.com E-mail address: (to be use	City/State and Zip Code
For further information concerning this matter, ple	
Delores Baker at (at (941 716-4196 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



July 18, 2014

DELORES BAKER 130 FLAMINGO RD. VENICE, FL 34293

SUBJECT: A DEE-ZINER CAKE & PASTRIES LLC

Ref. Number: W14000044321

We have received your document for A DEE-ZINER CAKE & PASTRIES LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable because it is the same as or not distinguishable from an existing entity. If the principals are the same in both entities, please send a letter or affidavit advising us of this association, along with your articles so that we may complete the filing process.

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.

Letter Number: 314A00015510

Karen A Saly Regulatory Specialist II

www.sunbiz.org

Delores Baker 130 Flamingo Rd. Venice FL 34293

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee Florida 32314

July 30, 2014

Re: A Dee-Ziner Cake and Pastries, LLC

I am the owner of "Dee-Ziner Cakes and Pastries". I closed that business and would like to start a new business with a very similar name "A Dee-Ziner Cake and Pastries". The principles are the same in both entities. Thank You!

Delores Baker

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

A Dee-Ziner Cake & Pastries 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:	
Delores Baker 130 Flamingo Rd. Venice FL 34293 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:	
Delores Baker	
Name First	_
130 Flamingo Rd.	1:
Florida street address (P.O. Box NOT acceptable)	•
Venice FL 34293	
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..

(CONTINUED)

Page 1 of 2

Registered Agent's Signature (REQUIRED)

The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: Title: "AMBR" = Authorized Member "MGR" = Manager MGR Delores Baker 130 Flamingo Rd. Venice FL 34293 (Use attachment if necessary) . (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: (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:** 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.) Delores Baker Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

ARTICLE IV-

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)