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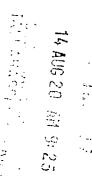
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Culinary Nerd Caves  Same 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:
Kristen Parks Name of Person
Culinary Nerd Calls Firm/Company
2911 Pinellas Point Dr. So. Address
Saint Petersburg, FL 33712 City/State and Zip Code
E-hail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$\frac{1}{2}\$\$125.00 Filing Fee & Certificate of Status   Certified Copy (additional copy is enclosed)   Certified Copy

Mailing Address

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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:	
Cultinary Nerd Cakes  Must end with the words "Limited L	L_LCiability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal off	ice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2911 Pinellas Point Dr.S. St. Petersburg, FL 33712	2911 Pinellas Point Drs. St. Petersburg, FL 33712
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.	egistered Agent. You must designate an individual or
The name and the Florida street address of the registered a	gent are:
Kristen Park	5
2911 Pinellas Pair Florida street address (P.O. Box 1	NOT acceptable)
51. Petersburg City	FL 33712 Zip
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig	ice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this fall statutes relating to the proper and complete performance gations of my position as registered agent as provided for in r 605, F.S
Registered Agent's Signatu	re (REQUIRED)
(CONTINUE	D) 20
Page 1 of 2	
	\$ 25 \$ 25

Title:	Name and Address:
'AMBR" = Authorized Member 'MGR" = Manager "Junes	V notra Parks
<u> </u>	2911 Pinellas Pt Dr S
	51 Petc, FL 33 112
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EV: Effective date, if other than the dat ctive date is listed, the date must be s	e of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90
EV: Effective date, if other than the dat ctive date is listed, the date must be sp f filing.)	e of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90
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retive date is listed, the date must be specifiling.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:	pecific and cannot be more than five business days prior to or 90
EV: Effective date, if other than the dat crive date is listed, the date must be sp f filing.)  EVI: Other provisions, if any.  REQUIRED SIGNATURE:	Panember or an authorized representative of a member.
EV: Effective date, if other than the dat ctive date is listed, the date must be sp filing.)  EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a m (In accordance with section 6 constitutes an affirmation und I am aware that any false info	pecific and cannot be more than five business days prior to or 90 pecific and cannot be more than five business days prior to or 90 pecific and cannot be more than five business days prior to or 90 perior or an authorized representative of a member.  05.0203 (1) (b), Florida Statutes, the execution of this document ler the penalties of perjury that the facts stated herein are true.
E V: Effective date, if other than the date crive date is listed, the date must be specifiling.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a more constitutes an affirmation under the lam aware that any false info	pecific and cannot be more than five business days prior to or 90  permeter or an authorized representative of a member.  105.0203 (1) (b), Florida Statutes, the execution of this document ler the penalties of perjury that the facts stated herein are true.
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