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(Re	equestor's Name)	
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## **COVER LETTER**

TO:	Registration Division of 6	n Section Corporations		
SUBJI	ECT: <u>BeefCa</u>	ike Cake Art LLC Name of Lir	mited Liability Company	
The en	closed Articles	of Organization and fee(s) as	re submitted for filing.	
Please	return all corre	spondence concerning this m	natter to the following:	
	Paul Em	merson Hamric	Name of Person	
	<u>BeefCak</u>	e Cake Art	Firm/Company	
	6829 The	ousand Oaks Road	Address	
	<u>Orlando.</u>	FL, 32818	City/State and Zip Code	
ام	edgetrident@	gmail.com E-mail address: (to be use	d for future annual report notifica	ition)
For fur	ther informatio	n concerning this matter, plea	ase call:	
Paul E	Emmerson Ha Nar	mriç at ( 4 ne of Person		lephone Number
Enclos	ed is a check fo	or the following amount:		
<b>J \$125</b> .0	O 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:			
BeefCake Cake Art LLC  (Must end with the words "Limited Li	iability Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the principal office	ce of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
6829 Thousand Oaks Road Orlando, FL, 32818	6829 Thousand Oaks Road Orlando, FL, 32818		
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Reanother business entity with an active Florida registration.)  The name and the Florida street address of the registered agents.	egistered Agent. You must designate an individ	ual or	
Paul Emmerson Hamric		332	10.00
Name	35		CONTRACTOR
6829 Thousand Oaks Road		သ	‡ 2
Florida street address (P.O. Box N	IOT acceptable)	$\Xi$	i i
Orlando	FL 32818	21 E	Section 1
City	Zip	ŝ	
Having been named as registered agent and to accept servi- the place designated in this certificate, I hereby accept th capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblige Chapter Registered Agent's Signatur	the appointment as registered agent and agree to all statutes relating to the proper and complete pations of my position as registered agent as prove 605, F.S.	act in ti perform	his ance

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Paul Emmerson Hamric
	6829 Thousand Oaks Road
	Orlando, FL, 32818
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