

L15000094563

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

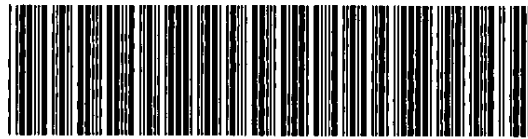
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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15 MAY 29 PM 3:39  
TAMPA, FLORIDA

JUN 02 2015

J SHIVERS

2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 28, 2015

KATHY PAUL  
20316 NW 2ND AVE  
MIAMI GARDENS, FL 33169

SUBJECT: SWEET HAND KATHY'S RESTAURANT & BAKERY LLC  
Ref. Number: W15000029780

We have received your document for SWEET HAND KATHY'S RESTAURANT & BAKERY 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 document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Please return the corrected original and one copy of 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.

Justin M Shivers  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 715A00008612

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: SWEET HAND KATHY'S RESTAURANT & BAKERY**  
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:

KATHY ANN PAUL

Name of Person

SWEET HAND KATHY'S RESTAURANT & BAKERY

Firm/Company

20316 NW 2ND AVE

Address

MIAMI GARDENS FLORIDA 33169

City/State and Zip Code

sweethandkathy@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KATHY ANN PAUL

Name of Person

at ( 786 ) 718-8234

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:

SWEET HAND KATHY'S RESTAURANT & BAKERY 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:**

20316 NW 2ND AVE

MIAMI GARDENS

FL 33169

**Mailing Address:**

20316 NW 2ND AVE

MIAMI GARDENS

FL 33169

**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:

KATHY ANN PAUL

Name

20154 NW 12 PLACE

Florida street address (P.O. Box **NOT** acceptable)

Miami

City

FL 41 33169

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.*

Kathy Ann Paul

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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15 MAY 29 PM 3:39  
SECRETARY OF STATE  
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

MANAGER

**Name and Address:**

KATH ANN PAUL

20154 NW 12TH PL

MIAMI GARDENS FL. 33169

MANAGER

SONIA DAVID

20154 NW 12TH PL

MIAMI GARDENS FL. 33169

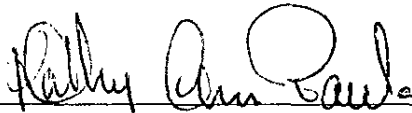
(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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:**



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.)

KATHY ANN PAUL

Typed or printed name of signer

**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)

FILED  
15 MAY 29 PM 3:39  
CLERK OF THE COURT  
JANET L. HARRIS  
TALLAHASSEE, FLORIDA