

L15000123064

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: U.S.A. BISCUITS "L.L.C."  
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:

ELMARIE CROWLEY  
Name of Person

U.S.A. BISCUITS L.L.C.  
Firm/Company

8754 THAMES RIVER DRIVE  
Address

BOCA RATON FL 33433  
City/State and Zip Code

ELMARIE 7@live.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ELMARIE CROWLEY at ( 774 ) 454-7415  
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**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATE REGISTRATION  
JUL 17 PM 12:52

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

U.S.A. BISCUITS "L.L.C."  
(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:**

8754 Thames River Drive  
BOCA RATON  
FL 33433

**Mailing Address:**

8754 Thames River Drive  
BOCA RATON FL  
FL 33433

**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:

IN CORP SERVICES INC  
Name  
17828 67TH COURT North  
Florida street address (P.O. Box **NOT** acceptable)  
Loxahatchee FL 33470  
City State 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..

Janice Null  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

