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(Requestor's Name)	_
(1044-51-10)	
(Address)	_
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
	_
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	



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COVER LETTER

	Registration Section Division of Corporations				
SUBJEC	Megan's Bakery LLC				
		f Limited Liabil	ity Company		
The encl	osed Articles of Organization and fee(s) are submitted	for filing.		
Please re	turn all correspondence concerning th	is matter to the	following:		
	Megan E. Miller				
		Name of	Person		
	Megan's Bakery LLC				
	#1-Marks 19-4-404-4-19-15-15-15-20-20-15-20-20-20-20-20-20-20-20-20-20-20-20-20-	Firm/Co	mpany		
	34 Virgo Street			16	3SE
		Addr	ess	富	
	Santa Rosa Beach, Florida 32459			5	- 538 - 538
		City/State an	d Zip Code		-1.0 -1.0 -1.0
	megansbakery4@gmail.com		1	<u>ည</u> ည်	OR.
5 6 4	·		nnual report notification)	7	DA A
For further	information concerning this matter, p	lease call:			
	Megan E. Miller	850 t (622-0238		
	Name of Person	Area Code	Daytime Telephone Number		
Enclosed	is a check for the following amount:				
	Filing Fee \$130.00 Filing Fee Certificate of Status	certifi	00 Filing Fee & \$160.00 Filing ed Copy Certificate of Certified Copy (additional copy	Status &	ed)
	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

ARTICLE I - Name:

(Must	end with the words "Limited I	Liability Company,	"L.L.C.," or "LLC.")	
ARTICLE II - Address:				
he mailing address and stre	eet address of the principal off	ice of the Limited	Liability Company is:	
<u>Pri</u>	Principal Office Address:		Mailing Address:	
34 Virgo Street		34 V	34 Virgo Street	
Santa Rosa Beach, Florida 32459		Santa	Rosa Beach, Florida 32459	
he Limited Liability Com		Registered Agent. Y	t's Signature: 'ou must designate an individual or	
The Limited Liability Composite business entity with		Registered Agent. Y		
The Limited Liability Composite business entity with	pany cannot serve as its own R n an active Florida registration.	Registered Agent. Y		6
The Limited Liability Comnother business entity with	pany cannot serve as its own R n an active Florida registration. reet address of the registered a Megan E. Miller	Registered Agent. Y		6
The Limited Liability Compositer business entity with	pany cannot serve as its own R n an active Florida registration. reet address of the registered a Megan E. Miller	Registered Agent. Y .) agent are:		16 JUN - 6 AM 5:
The Limited Liability Composite business entity with	pany cannot serve as its own R i an active Florida registration. reet address of the registered a Megan E. Miller	Registered Agent. Y .) agent are: Name	ou must designate an individual or	16 JUN - 6 AM
The Limited Liability Composite business entity with	pany cannot serve as its own R n an active Florida registration. reet address of the registered a Megan E. Miller 34 Virgo Street	Registered Agent. Y .) agent are: Name	ou must designate an individual or	16 JUN - 6 AM 5:

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..

Registered Agent's Signature (REQUIRED)

Page 1 of 2

(CONTINUED)

(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:	"MGR" = Manager President	34 Virgo Street Santa Rosa Beach, Florida 32459 Tammy M. Miller
MGR Tammy M. Miller 34 Virgo Street Santa Rosa Beach, Florida 32459 MGR Tammy M. Miller 34 Virgo Street Santa Rosa Beach, Florida 32459 (Use attachment if necessary) CLE V: Effective date, if other than the date of filing:	President	34 Virgo Street Santa Rosa Beach, Florida 32459 Tammy M. Miller
MGR Tammy M. Miller 34 Virgo Street Santa Rosa Beach, Florida 32459 Tammy M. Miller 34 Virgo Street Santa Rosa Beach, Florida 32459 (Use attachment if necessary) CLE V: Effective date, if other than the date of filing:		34 Virgo Street Santa Rosa Beach, Florida 32459 Tammy M. Miller
MGR Tammy M. Miller 34 Virgo Street Santa Rosa Beach, Florida 32459 (Use attachment if necessary) CLE V: Effective date, if other than the date of filing:	<u>MGR</u>	Santa Rosa Beach, Florida 32459 Tammy M. Miller
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:	MGR	
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:	<u>MGR</u>	
Santa Rosa Beach, Florida 32459 (Use attachment if necessary) (LE V: Effective date, if other than the date of filing:		24 Winner Change
(Use attachment if necessary) ELE V: Effective date, if other than the date of filing: (OPTIONAL) ffective date is listed, the date must be specific and cannot be more than five business days prior to or 90 or filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no nument's effective date on the Department of State's records. ELE VI: Other provisions, if any. REQUIRED SIGNATURE: Admin Signature EXAMPLE A MARCH.		
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:		Santa Rosa Beach, Pionua 32439
(Use attachment if necessary) LE V: Effective date, if other than the date of filing:		r
(Use attachment if necessary) LE V: Effective date, if other than the date of filing:		
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:		1
(Use attachment if necessary) LE V: Effective date, if other than the date of filing:		
(Use attachment if necessary) (LE V: Effective date, if other than the date of filing:		
(Use attachment if necessary) (LE V: Effective date, if other than the date of filing:		
CLE V: Effective date, if other than the date of filing:		
LE V: Effective date, if other than the date of filing:	(TT) And the Attorney (Comments)	7
Janny & Jule	•	records.
Danny of Youler	REOUIRED SIGNATURE:	
<u> </u>		11 105 .
Signature of a member or an authorized representative of a member.	Signature of a mambar or	on outhorized convecentative of a member
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.	This document is executed in according a make a superior and a sup	ordance with section 605.0203 (1) (b), Florida Statutes. ion submitted in a document to the Department of State
Tammy M. Miller	Tammy M. Miller	
	Typed	or printed name of signee
Typed or printed name of signee	71	
		iling Fees:

ARTICLE IV-