

JUN 24/2016/FRI 01:36 PM
6/23/2016

FAX No.
Division of Corporations

P. 01

L1600019834

Florida Department of State
Division of Corporations
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16 JUN 24 PM 3:12

TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.
TOASTED BAGLERY & DELI, LLC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

TALLAHASSEE, FLORIDA

16 JUN 24 PM 12:12

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Help

AFFIDAVIT

BEFORE ME, the undersigned authority, on this day personally appeared, Khaled Mohamed who after being first duly sworn, under oath, deposes and says:

1. She undersigned is the sole President of TOASTED BAGLERY & DELI, LLC, a Florida Corporation, filed with the Florida Department of State on JUNE 27, 2014.
2. The undersigned hereby consents to and authorizes the use of the name TOASTED BAGLERY & DELI, LLC.
3. The undersigned has personal knowledge of the facts and matters set forth herein and therefore have no intentions of reinstating the Dissolved entity.

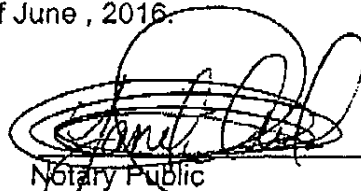
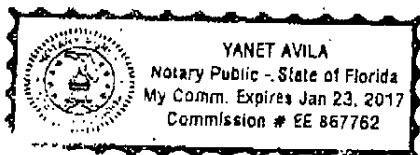
FURTHER AFFIANT SAYETH NAUGHT.


Khaled Mohamed

STATE OF FLORIDA)
) SS:
COUNTY OF MIAMI-DADE)

PERSONALLY appeared before me, Khaled Mohamed who is personally known to me, who being by me first duly sworn, acknowledges that he signed the foregoing for the purposes therein expressed.

WITNESS my hand and seal this 23rd day of June , 2016.


Notary Public

JUN/24/2016/FRI 01:37 PM

FAX No.

P.003

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TOASTED BAGLERY & DELI, 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:

Mailing Address:

83 SW 8th STREET
MIAMI, FL 33130

SAME

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:

KHALED MOHAMED

Name

83 SW 8th STREET

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

MIAMI

FL

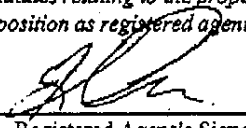
33130

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.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

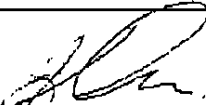
"MGR" = Manager

MGR**Name and Address:**KHALED MOHAMED50 BISCAYNE BLVDMIAMI, FL 33132MGRISLAM MOHAMED244 BISCAYNE BLVD # 608MIAMI, FL 33132

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.**ARTICLE VI:** Other provisions, if any.**REQUIRED SIGNATURE:**

Signature of a member or an authorized representative 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.KHALED MOHAMED

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)