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(Re	equestor's Name)	
(Ad	ldress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO:	New Filing Section Division of Corporations
SUBJE	Wilton Dough LLC
30 63 6	Name of Limited Liability Company
The enc	losed Articles of Organization and fee(s) are submitted for filing.
Please r	eturn all correspondence concerning this matter to the following:
	Michael H Fahy
	Name of Person
	Wilton Dough LLC
	Firm/Company
	501 NW 21st Street
	Address
	Wilton Manors, Florida 33311
	City/State and Zip Code mhfahy@aol.com
	E-mail address: (to be used for future annual report notification)
For furthe	er information concerning this matter, please call:
	Michael Fahy 323 497 5431
	Name of Person Area Code Daytime Telephone Number
Enclose	d is a check for the following amount:
]\$ 125.00	Filing Fee \$130.00 Filing Fee & Certificate of Status (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

Wilton Dough LLC			<u> </u>	_	
(Must	contain the words "Limited	Liability Company,	"L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and stre	eet address of the principal o	office of the Limited	Liability Company is:		
<u>Pri</u>	ncipal Office Address:		Mailing Address:		
Wilton Dough LLC		Wilton	n Dough LLC		
501 NW 21st Street		501 N	IW 21st Street	-	
-	Agent, Registered Office,	& Registered Ager			
ARTICLE III - Registered (The Limited Liability Com another business entity with	Agent, Registered Office, pany cannot serve as its own an active Florida registration reet address of the registered	& Registered Agent. Von.)	tt's Signature: You must designate an individual or	18 HAR 12	2.00
ARTICLE III - Registered (The Limited Liability Com another business entity with	Agent, Registered Office, pany cannot serve as its own an active Florida registration	& Registered Agert a Registered Agent. Yon.)	tt's Signature: You must designate an individual or	B MAR 12	10 mm
ARTICLE III - Registered (The Limited Liability Com another business entity with	Agent, Registered Office, pany cannot serve as its own an active Florida registration reet address of the registered	& Registered Agent. Von.)	tt's Signature: You must designate an individual or	B MAR 12 PH	10 Mm
ARTICLE III - Registered (The Limited Liability Com another business entity with	Agent, Registered Office, pany cannot serve as its own an active Florida registration reet address of the registered	& Registered Agert a Registered Agent. Yon.)	tt's Signature: You must designate an individual or	B MAR 12 PH	10 mm
ARTICLE III - Registered (The Limited Liability Com another business entity with	Agent, Registered Office, pany cannot serve as its own an active Florida registration reet address of the registered Michael H Fahy	& Registered Ager a Registered Agent. Von.) d agent are:	r's Signature: You must designate an individual or	B MAR 12	E-And S
ARTICLE III - Registered (The Limited Liability Com another business entity with	Agent, Registered Office, pany cannot serve as its own an active Florida registration reet address of the registered Michael H Fahy	& Registered Ager a Registered Agent. Von.) d agent are:	r's Signature: You must designate an individual or	FON MARY OF STATE	-

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..

(CONTINUED)

<u>Title:</u> "AMBR" = Author	rized Member	Name and Address:
"MGR" = Manage		
AMBR		Michael H Fahy
		501 NW 21st Street
		Wilton Manors, Florida 33311
AMBR		Randall L Walker
		501 NW 21st Street
		Wilton Manors, Florida 33311
		
(Use attachment if	• •	
ARTICLE V: Effective date If an effective date is listed he date of filing.) Note: If the date inserted in the document's effective date	e, if other than the date of the date must be special this block does not me te on the Department of	cific and cannot be more than five business days prior to or 90 days afte eet the applicable statutory filing requirements, this date will not be listed
ARTICLE V: Effective date If an effective date is listed the date of filing.) Note: If the date inserted in the document's effective date	e, if other than the date of the date must be special this block does not me te on the Department of	cific and cannot be more than five business days prior to or 90 days afte eet the applicable statutory filing requirements, this date will not be listed
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ARTICLE V: Effective date If an effective date is listed the date of filing.) Note: If the date inserted in the document's effective dat ARTICLE VI: Other provisi REQUIRED SIGN Th	e, if other than the date of the date must be special this block does not me te on the Department of ons, if any. NATURE: Signature of a merris document is executed maware that any false is	etific and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed if State's records. A plant of the presentative of a member. A plant of the presentative of a member of the presentative of a member. A plant of the presentative of a member of the presentative of a member of the presentative of a member. A plant of the presentative of a member of the presentative of the prese
ARTICLE V: Effective date If an effective date is listed the date of filing.) Note: If the date inserted in the document's effective dat ARTICLE VI: Other provisi REQUIRED SIGN Th I ai	e, if other than the date of the date must be special this block does not me te on the Department of ons, if any. NATURE: Signature of a merris document is executed maware that any false is	et the applicable statutory filing requirements, this date will not be listed if State's records. Description of a member of a member of a member of an authorized representative of a member.

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

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)

ARTICLE IV-