L1900134596

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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FILED
19 MAY 31 PH 1: 21
SECONDARYSSEE, FLORIDA

N CULLIGAN

COVER LETTER	

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Division of Corporations The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Tacque F Harris Firm/Company City/State and Zip Code

) To kee by the pound @ amail. Com

E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jacque F. Harvis at (407) 463-1148
Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: S130.00 Filing Fee & Certificate of Status \$155.00 Filing Fee & \$160.00 Filing Fee. \$125,00 Filing Fee

Mailing Address

New Filing Section

TO:

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

Street Address

Certified Copy

(additional copy is enclosed)

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

Certificate of Status &

(additional copy is enclosed)

Certified Copy



May 16, 2019

JACQUE F. HARRI PO BOX 150154 ALTAMONTE SPRINGS, FL 32701

SUBJECT: D&J CAKES BY THE POUND LLC

Ref. Number: W19000048259

We have received your document for D&J CAKES BY THE POUND LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

I am enclosing the correct form for a mailed in application.

Please return 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) 245-6052.

Neysa Culligan Regulatory Specialist II

Letter Number: 619A00009925

www.sunbiz.org

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
DET Cakes by the Pound (Must contain the words "Limited Liability Con	mpany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the I	Limited Liability Company is:
Principal Office Address:	Mailing Address:
104 Salem 5+ altamonte Springs Fl 32701	104 Salem St Ciltamonte Spring Fl 32701
ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent pre:	A TO THE
JACQUE FATA	YYIS SSEE R
104 Salem St	
Florida street address (P.O. Box	NOT acceptable)
Altonunte Springs City State	FI 3270/

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)

Registered Agent's Signature (REQUIRED)

	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	JACQUE F. HONVIS 1045alem 5+ Oltomonte Socines FT 32701
AMBR	Danny Harris 1045 salem 5 + Ciltamente Spring F1 32701
(Use attachment if necessary)	
(If an effective date is listed, the date must be spithe date of filing.)	of filing:
ARTICLE VI: Other provisions, if any.	FILED PLED

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)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)