

3/20/2020

Division of Corporations

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Florida Department of State

Division of Corporations  
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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FLORIDA LIMITED LIABILITY CO.  
PINECREST BAKERY 21, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

2020 MAR 20 PM 2:51

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**PINECREST BAKERY 21, LLC.**

(Must contain 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:**

**21657 SOUTH DIXIE HIGHWAY  
MIAMI, FLORIDA 33170**

**Mailing Address:**

**P.O. BOX 562170  
MIAMI, FLORIDA 33156**

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**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:

**GLADYS M. VALDES**

**Name**

**21657 SOUTH DIXIE HIGHWAY**

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

**MIAMI, FLORIDA 33170**

**City, State and 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.

DocuSigned by:

*Gladys Valdes*

0737E860AA14F0...

**Registered Agent's Signature (REQUIRED)**

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

Name, address and title:

GLADYS M. VALDES - MGRM  
P.O. BOX 562170  
MIAMI, FLORIDA 33156

EFRAIN VALDES, JR. - MGRM  
P.O. BOX 562170  
MIAMI, FLORIDA 33156

JOEL RODRIGUEZ - MGRM  
P.O. BOX 562170  
MIAMI, FLORIDA 33156

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.

N/A

REQUIRED SIGNATURE:

DocuSigned by:  
*Glady's Valdes*  
0737E805AA14F3

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.

GLADYS M. VALDES

Typed or printed name of signee