L2000008965Z

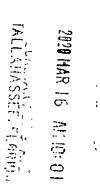
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



200342103342

03/16/20--01020--010 **:01.00



COVER LETTER
TO: New Filing Section Division of Corporations
SUBJECT: Dorian's Delectable Creations, Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Dorian T. Vereen
Dorian's Delectable Creations, LLC Firm/Company
701 S. Howard Ave. Suite 420
City/State and Zip Code Corian Vereen 9 amail - Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee Certificate of Status □\$155.00 Filing Fee Certified Copy (additional copy is enclosed) □\$160.00 Filing Fee, 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	y Company is:		,		
Dorian's	5 Delec	table	Creat	ions.	LLC
(Must cona	tin the words "Limited	Liability Company,	"L.L.C.," or "LL	C.")	

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
Day 21/2 Del tella C. strassill	D N +11 (+ 1 1 C
Worlans Delectable Creations, LLC	Vorians lekelable (realions, LL)
701 S Howard Ave Suite 420	701 5 Howard Ave Suite 420
Tampa, FL 33606	Tampa FL 33606
	· · · · · · · · · · · · · · · · · · ·

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:

	D					
Dori	an	7- 1	Vei	ree	<u>n</u>	
701	S.	Name HOW 2	ird	Ave	Suite	420
Florida stree		(P.O. Box N		•	100Co	
<u> 10111</u>	1y	State		Zip	<u> </u>	

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: Name and Address: "AMBR" = Authorized Member "MGR" = Manager (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: ___ (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.

> hrian Typed or printed name of signee

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)

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Dorian's Delectable Creations, Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Dorjan T. Vereen
Dorians Delectable Creations, LLC
701 S. Howard Ave. Suite 420
City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$\B\$\frac{1}{2}\$.00 Filing Fee \$\B\$\frac{1}{2}\$130.00 Filing Fee & Certificate of Status \$\B\$\frac{1}{2}\$155.00 Filing Fee & Certified Copy (additional copy is enclosed) \$\B\$\frac{1}{2}\$160.00 Filing Fee, 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 The Centre of Tallahassee 2415 N. Monroe Street, State 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:						
The name of the Limit	ed Liability Comp	pany is:	_			
Dori	an's	Dele	table	Crea	ations	LLC
(Must conatin the	words "Limited	Liability Compar	ny, "L.L.C.," or	"LLC.")	<i>)</i>

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address: 1	Mailing Address:
Darian's Delectable Creations IIC	Doguns Debetable (reations LLC
701 S Howard Ave Site 400	701 5 Howard Ave Suite 420
Tampa, FL 33606	Tampa, FL 33606

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:

Doria	n T. Ve	creci	\cap	
701 5	Name De Howard	l Ave	Suite	420
Florida street add	ress (P.O. Box NOT ac	cceptable) スプ/	\sim	
<u>Tann Pa</u>	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:	Name and Address:	
"AMBR" = Authorized Member "MGR" = Manager R	Dorian T. Vereer) <u>,</u>
	TAMPA FL 35606	<u>Suite</u>
		
EV: Effective date, if other than the dective date is listed, the date must be filling.)	specific and cannot be more than five business days prior	r to or 90 da;
EV: Effective date, if other than the dective date is listed, the date must be filling.) the date inserted in this block does not nent's effective date on the Department.	specific and cannot be more than five business days prior of meet the applicable statutory filing requirements, this date	r to or 90 da;
EV: Effective date, if other than the dective date is listed, the date must be filling.) the date inserted in this block does not nent's effective date on the Department.	specific and cannot be more than five business days prior of meet the applicable statutory filing requirements, this date	r to or 90 da;
EV: Effective date, if other than the dective date is listed, the date must be filling.) the date inserted in this block does not ment's effective date on the Department EVI: Other provisions, if any.	specific and cannot be more than five business days prior of meet the applicable statutory filing requirements, this date	r to or 90 da;
E.V: Effective date, if other than the dective date is listed, the date must be filling.) the date inserted in this block does not nent's effective date on the Department of the Provisions, if any. REOURED SIGNATURE:	specific and cannot be more than five business days prior of meet the applicable statutory filing requirements, this datent of State's records.	r to or 90 da;
EV: Effective date, if other than the dective date is listed, the date must be filling.) the date inserted in this block does not ment's effective date on the Department of the EVI: Other provisions, if any. REOURED SIGNATURE: Signature of a This document is executed any filling and the state of the s	specific and cannot be more than five business days prior of meet the applicable statutory filing requirements, this date	e will not be
E V: Effective date, if other than the dective date is listed, the date must be filling.) the date inserted in this block does not ment's effective date on the Department of	member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida alse information submitted in a document to the Department gree felony as provided for in s.817.155, F.S.	e will not be
E.V: Effective date, if other than the dective date is listed, the date must be filing.) the date inserted in this block does not ment's effective date on the Department's effective date on t	member or an authorized representative of a member. ceuted in accordance with section 605.0203 (1) (b), Floridal alse information submitted in a document to the Department gree felony as provided for in s.817.155, F.S. Typed or printed name of signee	e will not be
E.V: Effective date, if other than the dective date is listed, the date must be filing.) the date inserted in this block does not ment's effective date on the Department's effective date on t	member or an authorized representative of a member. ceuted in accordance with section 605.0203 (1) (b), Floridal alse information submitted in a document to the Department gree felony as provided for in s.817.155, F.S. Typed or printed name of signee	e will not be
E V: Effective date, if other than the discrive date is listed, the date must be filing.) the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any. REOURED SIGNATURE: Signature of a This document is exell am aware that any ficconstitutes a third degree of the signature of a Doctor	member or an authorized representative of a member. equited in accordance with section 605.0203 (1) (b), Floridal also information submitted in a document to the Department gree felony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees: Organization and Designation of Registered Agent	e will not be Statutes. of State
REOUIRED SIGNATURE: Signature of a This document is exect I am aware that any fa constitutes a third deg	member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Floridal alse information submitted in a document to the Department gree felony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees: Organization and Designation of Registered Agent (b) Tional)	e will not be Statutes.