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(F	Requestor's Name)	
(A	Address)	
(A	Address)	
-		
(C	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT ☐ N	IAIL
(E	Business Entity Name)	
. 		
(C	Document Number)	
ertified Copies	Certificates of Status _	
Special Instructions t	o Filing Officer:	
	Office Use Only	<u> </u>



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Manus Property

CAPITAL CONNECTION, INC. 117 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222	
inkled Magic Bakery, LLC.	
	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art. of Amend. File
	RA Resignation Dissolution / Withdrawal
	Annual Report / Reinstatement Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
	Fictitious Owner Search
nature	Vehicle Search
	Driving Record

quested by: Seth

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alk-In

Date

Will Pick Up

Time

UCC 1 or 3 File__

UCC 11 Search__

Courier_

UCC 11 Retrieval___

COVER LETTER

TO:

New Filing Section

Di	ivision of Cor	porations			
SUBJECT	Sprinkled N	Magic Bakery, LLC			
		Name of	Limited Liabi	lity Company	
The enclose	ed Articles of	Organization and fee(s) are submitted	I for filing.	
Please retur	rn all correspo	ndence concerning this	s matter to the	following:	
	Jodi M. Rube	erg, Esq.			
			Name of	Person	
	Blalock Walt	ters, P.A.			
			Firm/Co	ompany	
	802 11th Stre	eet West			
			Addi	ress	·
	Bradenton, F	lorida 34205			
1	Epennington@	blalockwalters.com	City/State ar	nd Zip Code	
_	E	-mail address: (to be u	sed for future	annual report notificat	ion)
For further in	formation cor	ncerning this matter, pl	ease call:		
	Jodi M. Rube		941	748-0100	
•	Name	e of Person	Area Code	Daytime Telephon	e Number
Enclosed is	a check for th	e following amount:			
≡\$ 125.00	Filing Fee	□\$130.00 Filing Fee Certificate of Status	Certifi	5.00 Filing Fee & ied Copy (al copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New Fi Divisio P.O. Bo	g Address ling Section on of Corporations ox 6327 ussee, FL 32314		Street Address New Filing Section D The Centre of Tallah 2415 N. Monroe Stre Tallahassee, FL 3230	assee et, Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

(Must cor	ntain the words "Limited	Liability Company, "I	L.L.C.," or "LLC.")			
ARTICLE II - Address:						
The mailing address and street	address of the principal o	office of the Limited L	iability Company is:			
Princi	pal Office Address:		Mailing Addre	<u>ss</u> :		
335 Sprucewood Re	335 Sprucewood Road		prucewood Road			
Lake Mary, Florida	32746		Mary, Florida 32746			
The Limited Liability Companion ther business entity with an	y cannot serve as its own active Florida registration	Registered Agent. Yon.)		ividual or	2020	
The Limited Liability Compan nother business entity with an	y cannot serve as its own active Florida registration	Registered Agent. Yo on.) d agent are:		vidual or	2020 NO	
The Limited Liability Companion ther business entity with an	y cannot serve as its own active Florida registration t address of the registered	Registered Agent. Yo on.) d agent are:		vidual or	2020 NOV -	
ARTICLE III - Registered Ag The Limited Liability Compan inother business entity with an The name and the Florida stree	y cannot serve as its own active Florida registration t address of the registered	Registered Agent. Youn.) d agent are: Name		vidual or	2020 NOV -2	
The Limited Liability Companion ther business entity with an	y cannot serve as its own active Florida registration address of the registered Blalock Walters, P.A. 802 11th Street Wes	Registered Agent. Youn.) d agent are: Name	ou must designate an indi	- ·	-2	
The Limited Liability Companion ther business entity with an	y cannot serve as its own active Florida registration address of the registered Blalock Walters, P.A. 802 11th Street Wes	Registered Agent. Yoon.) d agent are: Name	ou must designate an indi	- ·	1	

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" = Authorize	Name and Address: Member	
"MGR" = Manager MGR	Lillian Bolfer 335 Sprucewood Road Lake Mary, Florida 32746	
 		
(Use attachment if nec	ssary)	
(If an effective date is listed, th the date of filing.) Note: If the date inserted in th	ther than the date of filing: (OPTIONAL) date must be specific and cannot be more than five business days prior to or 90 day block does not meet the applicable statutory filing requirements, this date will not be the Department of State's records.	
ARTICLE VI: Other provisions	·	<u>_</u>
REOUIRED SIGNA	URE MRUDURA Auth. Rep. ignature of a member or an authorized representative of a member.	_
I am a	cument is executed in accordance with section 605.0203 (1) (b), Florida Statutes. vare that any false information submitted in a document to the Department of State ites a third degree felony as provided for in s.817.155, F.S.	

Jodi M. Ruberg, Esq., Auth. Rep.

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)