Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000433279 3)))



H200004332793ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

!	Enter the email add annual report ma	ress for this business entity to be used for f dilings. Enter only one email address please.	uture •	
		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-	-
	Fax Number	: (305)675-5944	•	C
	Phone	: (305)552-5973	- with	•
	Account Numb	ber : I20000000019		ŕ
, ,	Account Name		•	•
125 F	From:		-	
•••		, ,	200	-
	Fax Number	: (850)617-6381	٠.	
	Division of	Corporations		1
	To:			

FLORIDA LIMITED LIABILITY CO. BAKED TINGSS LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Inc /20

ARTICLES OF ORGANIZATION

FOR	
FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name:	
AMICLE I Name.	
The name of the Limited Liability Company is:	
Baked Tingss 11C	
APTICIPE APTICIPE	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:	
6808 SW 38th St, Miramar, F1, 33023:	
	_
T N	
ψ ?? • ω	
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (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.) Gabriela Anceka Mckoy	
6808 Sw 38th St Miramar F1 3302-	_
302 - 31 Miramar F1 3302	<u>≥</u>
ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)	-
Gabriella Aneeka Mckoy (AMBR)	_
	-

Required Signatures:

Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.

Gabriella Anecka Mckoy

Typed or printed name of signee

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

Registered Agent's Signature (REQUIRED)