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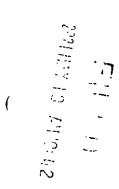
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COVER LETTER

Division of Corporations	700
JayKay's Cakes SUBJECT:	nitted for filing.
Name of Limited L	Liability Company
The enclosed Articles of Organization and fee(s) are subm	nitted for filing.
Please return all correspondence concerning this matter to	the following:
Joneka Harris	
Nan	ne of Person
JayKay's Cake	
Fire	n/Company
1717 Mason Ave #827	
	Address
Daytona Beach, FI 32117	
-	te and Zip Code
jayplayer481@gmail.com E-mail address: (to be used for fut	or annual concern motification)
is-man address. (to be used for full	are amual report notification)
For further information concerning this matter, please call:	
Joneka Harris 386	333-1741
Name of Person Area Co	de Daytime Telephone Number
•	
Enclosed is a check for the following amount:	
Certificate of Status C	□\$155.00 Filing Fee & □\$160.00 Filing Fee, certified Copy itional copy is enclosed) □\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	Street Address
New Filing Section	New Filing Section Division
Division of Corporations	The Centre of Tallahassee
P.O. Box 6327 Tallahassee, FL 32314	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 Company is:	
JayKay'a Cakes L.L.C.	
(Must contain the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Joneka Harris	560 3rd Ave Davtona Beach, Fl 32114
ARTICLE III - Registered Agent, Registered Office, & Re (The Limited Liability Company cannot serve as its own Registanother business entity with an active Florida registration.)	
The name and the Florida street address of the registered agen	at are:
Joneka Harris	

Name

560 3rd Ave
Florida street address (P.O. Box NOT acceptable)

Davtona Beach Fl 32114

City 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..

(CONTINUED)

Fil (-1)

ARTICLE IV-

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

	Title:	Name and Address:	
	"AMBR" = Authorized N "MGR" = Manager	ember	
		Lordon Dones	
	Manager	Joneka Harris 560 3rd Avenue	
		Davtona Beach Fl 32114	
	-		
	(1 lan arranghan and 16 arrang	and a	
	(Use attachment if neces	ny,	
If an ef he date <u>Note:</u> I	fective date is listed, the cooffiling.) If the date inserted in this b	er than the date of filing: 04/28/2021	
ARTICI	LE VI: Other provisions, if	•	
	DECHIDED CLOVATI		
	REOUIRED SIGNATU	KE:	
	This doo I am awa	ment is executed in accordance with section 605.0203 (1) (b), Florida Statutes, e that any false information submitted in a document to the Department of States a third degree felony as provided for in s.817.155, F.S.	
	r	orbor Hamila	
	<u>J(</u>	neka Harris Typed or printed name of signee	
		>r r	

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)