

171000513297

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500377016825

11/23/21--01010--018 \*\*125.00

FILED  
2021 NOV 22 PM 1:22  
TALLAHASSEE, FLORIDA  
CLERK OF STATE

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Jammin' Patties, LLC

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:

Clifton Reid

Name of Person

Jammin' Patties, LLC

Firm/Company

2713 Pienza Circle

Address

Royal Palm Beach, 33411

City/State and Zip Code

careidjm@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Clifton A. Reid

561

315-7234

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$160.00 Filing Fee,  
Certificate of Status &  
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

2021 NOV 22 PM 1:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Jammin' Patties, 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:

7750 Okeechobee Boulevard

West Palm Beach, FL 33411

Mailing Address:

2713 Pienza Circle

Royal Palm Beach, FL 33411

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:

Clifton Reid

Name

2713 Pienza Circle

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

Royal Palm Beach

FL

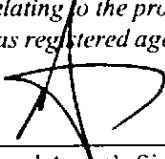
33411

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..*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2021 NOV 22 PM 1:22

FILED

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

CEO

Clifton Reid  
2713 Pienza Circle  
Royal Palm Beach, FL 33411

AMBR

Merlene Reid  
2713 Pienza Circle  
Royal Palm Beach, FL 33411

AMBR

Sharon Anderson  
15520 Meadow Wood Dr  
Wellington, FL 33414

MGR

Karl McCarthy  
15520 Meadow Wood Dr  
Wellington, FL 33414

2021 NOV 22 PM 1:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 01/03/2022. (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.

MGR Michael Llewellyn, 2390 Kemps Bay, Andros Aisle, West Palm Beach, FL 33411  
MGR Sonia Llewellyn, 2390 Kemps Bay, Andros Aisle, West Palm Beach, FL 33411  
MGR Andrea McHavle, 135 Lake Evelyn Drive, West Palm Beach, FL 33411

**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.

Clifton Reid

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)