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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : COURACCESS CENTERS, LLC
Account Number : 075350000541
Phone : (813)875-1333
Fax Number : (813)200-1050

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: ROBBIEGRL1989@YAHOO.COM

**FLORIDA LIMITED LIABILITY CO.
TIME TO SET THE PASTRIES FREE LLC**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

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TALLAHASSEE, FLORIDA

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Audit # H22000258824
**ARTICLES OF ORGANIZATION FOR FLORIDA
LIMITED LIABILITY COMPANY**

ARTICLE I

Name and Address

The name of this Limited Liability Company is:

TIME TO SET THE PASTRIES FREE LLC

The mailing address and street address of the Limited Liability Company are:

**4025 Vista Verde Dr. Building 11 Apt. 2
New Port Richey, FL 34655**

ARTICLE II

Term of Existence

This Limited Liability Company shall have perpetual existence, commencing upon the date of filing of these Articles with the Florida Department of State.

ARTICLE III

Purpose and Powers

This Limited Liability Company is organized for the purpose of transacting any and all lawful business for which a Limited Liability Company may be organized under the laws of the State of Florida.

ARTICLE IV

Powers

The Limited Liability Company shall have the powers granted to a Limited Liability Company under the laws of the State of Florida.

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This form was prepared with the assistance of CourtAccess Centers LLC, a non-lawyer located at 13046 Race Track Road, Suite 131, Tampa, FL 33626, 813-875-1333.

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ARTICLE V
Initial Registered Office and Agent

The street address of the initial registered office of this Limited Liability Company is:

4025 Vista Verde Dr. Building 11 Apt. 2
New Port Richey, FL 34655

and the name of its registered agent at such address is:

Robin Napoli

ARTICLE VI
Management

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

Name and Address

Robin Napoli, Authorized Member
4025 Vista Verde Dr. Building 11 Apt. 2
New Port Richey, FL 34655

Dated: Monday, August 01, 2022

DocuSigned by:

Robin Napoli

Robin Napoli, Authorized 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.

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ACCEPTANCE BY REGISTERED AGENT

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..

Date: August 1, 2022

DocuSigned by:

Robin Napoli

Robin Napoli

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