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	Registration Section Division of Corporations
SUR HEC	GLORIOUS CAKERY ELC
	Name of Limited Liability Company
The enclo	sed Articles of Organization and fee(s) are submitted for filing.
Please ret	urn all correspondence concerning this matter to the following:
	GLORIA E. RIVERA
	Name of Person
	GLORIOUS CAKERY LLC
	Firm/Company
	7415 GATEHOUSE CIRCLE APT 166
	Address
	ORLANDO, FLORIDA 32807
	City/State and Zip Code GERTVERA28@GMAHCOM
	E-mail address: (to be used for future annual report notification)
For further	information concerning this matter, please call:
	GLORIA E. RIVERA 407 714-5137 at ()
	Name of Person Area Code Daytime Telephone Number
Enclosed i	s a check for the following amount:
]\$125,00 F	iling Fee \$\int_{\text{S130.00 Filing Fee & Certificate of Status}} \int_{\text{S155.00 Filing Fee & Certificate of Status & Certificate of Status & Certificate of Status & Certificate Copy (additional copy is enclosed)}
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FI, 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

GLORIOUS CAKER				
(Must end v	with the words "Limited	l Liability Company, "I	L.L.C" or "LLC.")	
RTICLE II - Address: he mailing address and street ad	dress of the principal o	office of the Limited Lia	ability Company is:	
Principa	Principal Office Address:		Mailing Address:	
7415 GATEHOUSE (CIRCLE APT 166	7415 G.	ATEHOUSE CIRCLE APT 166	
ORLANDO, FL 3280	17		NDO, FL 32807	
he Limited Liability Company :	nt, Registered Office, cannot serve as its own	& Registered Agent's Registered Agent, You	Signature: i must designate an individual or	
he Limited Liability Company, other business entity with an ad	nt, Registered Office, cannot serve as its own ctive Florida registratio ddress of the registered	& Registered Agent's Registered Agent. You on.)	Signature: i must designate an individual or	
he Limited Liability Company other business entity with an ac	nt, Registered Office, cannot serve as its own ctive Florida registratio	& Registered Agent's Registered Agent. You on.) Lagent are:	Signature: i must designate an individual or	
he Limited Liability Company other business entity with an ac	nt, Registered Office, cannot serve as its own ctive Florida registratio ddress of the registered	& Registered Agent's Registered Agent. You on.)	Signature: i must designate an individual or	
he Limited Liability Company other business entity with an ac	nt, Registered Office, cannot serve as its own ctive Florida registratio ddress of the registered	& Registered Agent's Registered Agent. You on.) Lagent are:	Signature:	
RTICLE III - Registered Age he Limited Liability Company other business entity with an acte name and the Florida street a	nt, Registered Office, cannot serve as its own etive Florida registratio ddress of the registered GLORIA E RIVER/	& Registered Agent's Registered Agent. You on.) Lagent are:	Signature: I must designate an individual or	
he Limited Liability Company other business entity with an ac	nt, Registered Office, cannot serve as its own etive Florida registratio ddress of the registered GLORIA E RIVER/	& Registered Agent's Registered Agent. You on.) Lagent are: Name CIRCLE APT 166	Signature: I must designate an individual or	

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 turther 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)

Page 1 of 2

"AMBR" = Authorized Membe	Name and Address:
"MGR" = Manager	CLODIA E DIVERA
MGR	GLORIA E. RIVERA 7415 GATEHOUSE CIRCLE APT 166
	ORLANDO, FL 32807
	_
	
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	ust be specific and cannot be more than five business days prior to or 90 days afte
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Note: If the date inserted in this block of the document's effective date on the De RTICLE VI: Other provisions, if any. AKE, PASTRIES, FOR SALE ALL OF REQUIRED SIGNATURE: Signature This document I am aware that constitutes a the	CASION Casion

Filing Fees:
S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)