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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO:

New Filing Section Division of Corporations

Tallahassee, FL 32314

SUBJECT: Addy Cakes Creations LLC Name of Limited Liability Company				
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:				
Adriana Beetle Name of Person				
Name of Person				
Firm/Company				
375 Heron's Run Drive, Apt "	909			
375 Heron's Run Drive, Apt &				
Sarasota, FL 34232 City/State and Zip Code				
City/State and Zip Code				
a. addy Cares Creations Equal. C E-mail address: (to be used for future annual report notification)	80M)			
For further information concerning this matter, please call:				
_				
Adviana Beetle at 941 704.5936 Name of Person Area Code Daytime Telephone Number				
Name of Person Area Code Daytime Telephone Number				
Enclosed is a check for the following amount:				
	00 Filing Fee, ate of Status &			
	l copy is enclosed)			
Mailing Address				
Mailing Address New Filing Section Street Address New Filing Section Division				
Division of Corporations The Centre of Tallahassee				
P.O. Box 6327 2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

2022 OCT 31 PH 12: O2

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

Addy Cakes Creations 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:

Mailing Address:
375 Henons Run Drive
MP4 909
Sarasota FL 34232

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:

Adriana Beetle

Name

375 Henn's Kin Drive Apt 909

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

Sarasuta, FL 34232

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 (REOUIRED)

(CONTINUED)

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

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR, MGR	Adriance Beetle 375 Henry Pun Drive, Apt 905, Sarasota, Fl 34232
(Use attachment if necessary)	
(If an effective date is listed, the date must be s the date of filing.)	ne of filing: 1014/2022 (OPTIONAL) pecific and cannot be more than five business days prior to or 90 days after meet the applicable statutory filing requirements, this date will not be listed as at of State's records.
ARTICLE VI: Other provisions, if any.	
REOUIRED SIGNATURE:	CB C

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.

Adriana Beetle
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)