

L23000012594

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

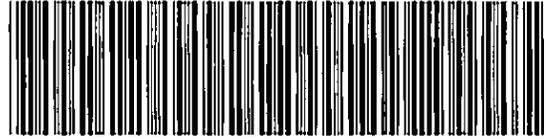
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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S. CHATHAM
JAN 11 2023

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DIVISION OF CORPORATIONS
JAN 11 AM 7:17

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TALLAHASSEE, FLORIDA

FLORIDA FILING & SEARCH SERVICES, INC.

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DATE: 01/11/23

NAME: BAGEL KING WHOLESALE BAKERY. LLC

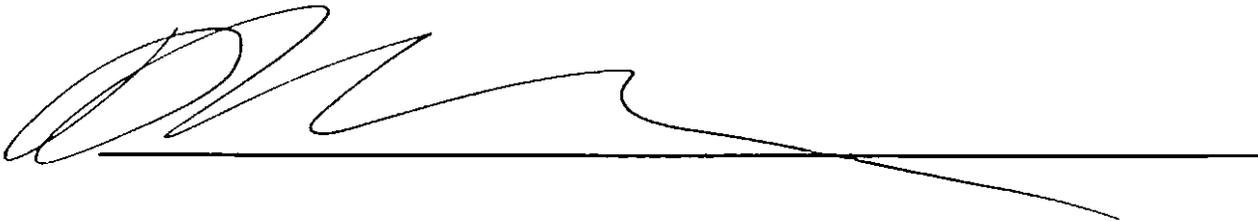
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A handwritten signature in black ink, appearing to be 'Paul Hodge', is written over a horizontal line. The signature is stylized and cursive.

COVER LETTER

**TO: . New Filing Section
Division of Corporations**

SUBJECT: Bagel King Wholesale Bakery, 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:

Rebecca Cirrinicione

Name of Person

PLG

Firm/Company

3684 Tampa Rd #2

Address

Oldsmar, FL 34677

City/State and Zip Code

rcirrin@plglawyer.com

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

For further information concerning this matter, please call:

Rebecca Cirrinicione 727 415-7453

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Bagel King Wholesale Bakery, 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:

Mailing Address:

4041 Gulf Shore Blvd N Unit 1205
Naples FL 34103

4041 Gulf Shore Blvd N Unit 1205
Naples FL 34103

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:

Joshua Ruskin

Name

4041 Gulf Shore Blvd N Unit 1205

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

Naples

FL

34103

City

State

Zip

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DIVISION OF CORPORATE STATUTES

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.


Joshua Ruskin (Jan 11, 2023 07:48 EST)

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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:

AMBR

Joshua Ruskin
4041 Gulf Shore Blvd N Unit 1205
Naples FL 34103

AMBR

Thomas Greb
4041 Gulf Shore Blvd N Unit 1205
Naples FL 34103

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DIVISION OF CORPORATIONS

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.

REQUIRED SIGNATURE:


(Jan 11, 2023 09:48 EST)

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.

Thomas Greb

Typed or printed name of signer

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)