Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : SODL & INGRAM PLLC

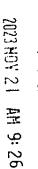
Account Number : I20190000071 : (904)257-5777 : (904)347-2738 Fax Number

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

Email Address: calebjhutch@gmail.com

FLORIDA LIMITED LIABILITYCO. JARREX COOKIES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

19043472738

ARTICLE I - Name:	
he name of the Limited Liability Company is:	
JARREX COOKIES, LLC	
(Must contain the words "Limited Liability	ty Company, "L.L.C.," or "LLC.")
RTICLE II - Address:	
he mailing address and street address of the principal office o	fthe Limited Liability Company is:
Principal Office Address:	Mailing Address:
113 SADLER CT	113 SADLER CT
ST. AUGUSTINE, FL 32092	ST. AUGUSTINE, FL 32092
ARTICLE III - Registered Agent, Registered Office, & Reg The Limited Liability Company cannot serve as its own Regist nother business entity with an active Florida registration.)	distered Agent's Signature: tered Agent. You must designate an individual or
-	
	are:!!
he name and the Florida street address of the registered agent	25
The name and the Florida street address of the registered agent CALEB HUTCHINSON	

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.,

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

FLORIDA

State

32092

Zip

Caleo Hutchinson (Nov 20, 2023 16 56 851)

113 SADLER CT

ST. AUGUSTINE

City

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
AMBR	CALEB HUTCHINSON 113 SADLER CT ST. AUGUSTINE, FL 32092	
AMBR	STUART MUSIC 3799 GINKGO STREET WELLINGTON, CO 80549	
		2023 N
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(Use attachment if necessary)		٦. د٠
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ARTICLE V: Effective date, if other than the If an effective date is listed, the date must he date of filing.) Note: If the date inserted in this block does	to date of filing:	
ARTICLE V: Effective date, if other than the If an effective date is listed, the date must be date of filing.)	be specific and cannot be more than five business days prior to or 90 of not meet the applicable statutory filing requirements, this date will not	
ARTICLE V: Effective date, if other than the If an effective date is listed, the date must he date of filing.) Note: If the date inserted in this block does the document's effective date on the Departr	be specific and cannot be more than five business days prior to or 90 of not meet the applicable statutory filing requirements, this date will not	
ARTICLE V: Effective date, if other than the If an effective date is listed, the date must be he date of filing.) Note: If the date inserted in this block does the document's effective date on the Department ARTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Stream Music (May 20, 2023) Signature of This document is end any aware that any	be specific and cannot be more than five business days prior to or 90 of not meet the applicable statutory filing requirements, this date will not ment of State's records.	

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)