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COVER LETTER TO: New Filing Section Division of Corporations SUBJECT: 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: Gloria Oriega Acosta Name of Person Firm/Company 1144A Hornet Ct Address Atlantic Beach, Fl. 32233 City/State and Zip Code gloriaoortega902@gmail.com Fi-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: Gloria Ortega Acosta all (19	,					
Ortega's Sweet Treats Ortega's Sweet Treats Name of Limited Liability Company The enclosed Articles of Organization and fec(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Gloria Ortega Acosta Name of Person Firm/Company 1144A Hornet Ct Address Atlantic Beach, F1, 32233 City/State and Zip Code glorianortega902@gmail.com E-mail address: (to be used for future annual report notification) r further information concerning this matter, please call: Gloria Ortega Acosta Area Code Daytime Telephone Number Sinclosed is a check for the following amount: S125.00 Filing Fee Certificate of Status Certificat Copy (additional copy is enclosed) Name of Person New Filing Section Division of Corporations P.O. Box 6327 Tallahassee; F1, 32314 Tallahassee; F1, 32316			OVER LET	TER .	•	
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C.		Tallahassee, FL 32314		Tallahassee, FL 32303	3	***
						

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Ortega's Sweet Treats L	IC		
		Liability Company,	"L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street addr	ress of the principal o	ffice of the Limited	Liability Company is:
Principal (Office Address:		Mailing Address:
1144A Hornet Ct		1144	4A Hornet Ct
Atlantic Beach FL 3223	33	Atla	ntic Beach FL 32233
The name and the Florida street add	-		
	dress of the registered	l agent are:	
_	Gloria Ortega Acosto	l agent are:	
_	Gloria Ortega Acosta	l agent are:	cceptable)
-	Gloria Ortega Acosto	l agent are:	eceptable)
-	Gloria Ortega Acosta 1144A Hornet Ct Florida street addres	l agent are: Name s (P,O. Box NOT ac	•
- - Having been named as registered age place designated in this certificate, I H	Gloria Ortega Acosta 1144A Hornet Ct Florida street addres Atlantic Beach City and to accept service the appaisions of all statutes re	l agent are: Name s (P.O. Box <u>NOT</u> ac FL State sec of process for the ointment as registere elating to the proper	32233 Zip above stated limited liability company ed agent and agree to act in this capacity and complete performance of my duties

(CONTINUED)

25:01:12:02:19:55

ARTICLE IV-

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

itle:	Name and Address:	
AMBR" = Authorized Member		
MGR" = Manager	_	
AMBR	Jesse Ivan Ortega 1144A Hornet Ct	
	Atlantic Beach FL 32233	•
AMBR	Gloria Ariday Ortega Acosta	
AMDR		
	Atlantic Beach Fl 32233	
Jse attachment if necessary)		
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