

**124000377041**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : ACCOUNTING WORLD LLC  
Account Number : I20240000018  
Phone : (702)538-3080  
Fax Number : (850)757-0042

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

Email Address: \_\_\_\_\_

FLORIDA LIMITED LIABILITY CO.  
FAMILY BAKERY & CAFE LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

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2024 AUG 29 AM 10:35

STATE OF FLORIDA  
DIVISION OF CORPORATIONS

2024 AUG 29 AM 9:19  
STATE OF FLORIDA  
DIVISION OF CORPORATIONS

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COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: FAMILY BAKERY & CAFE 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:

KARINA LILIAN RECALDE  
Name of Person  
FAMILY BAKERY & CAFE LLC  
Firm/Company  
4602 25TH ST SW  
Address  
LEHIGH, FL 33973  
City/State and Zip Code  
KARIURU2016@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

2024 AUG 29 AM 9:10  
FILED

For further information concerning this matter, please call:

KARINA L RECALDE 980 2301286  
Name of Person at ( ) 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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FAMILY BAKERY & CAFE 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:

4602 25TH ST SW  
LEHIGH ACRES, FL 33973

4602 25TH ST SW  
LEHIGH ACRES, FL 33973

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.)

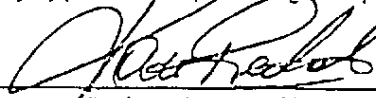
The name and the Florida street address of the registered agent are:

KARINA LILIAN RECLADE  
Name

4602 25TH ST SW  
Florida street address (P.O. Box NOT acceptable)

LEHIGH ACRES      FL      33973  
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 (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

<u>Title:</u>	<u>Name and Address:</u>
"AMBR" = Authorized Member "MGR" = Manager	
<u>AMBR</u>	<u>KARINA LILIAN RECALDE</u> <u>4602 25TH ST SW</u> <u>LEHIGH ACRES, FL 33973</u>
<u>AMBR</u>	<u>ANDREA SILVA</u> <u>4602 25TH ST SW</u> <u>LEHIGH ACRES, FL 33973</u>
<u>MGR</u>	<u>LEONARDO ISMAEL JAUREGUI RODRIGUEZ</u> <u>4602 25TH ST SW</u> <u>LEHIGH ACRES, FL 33973</u>
<u>MGR</u>	<u>ALVARO D JAUREGGUI</u> <u>3719 17TH ST SW</u> <u>LEHIGH ACRES, FL 33976</u>

(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:**

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.

KARINA LILIAN RECALDE

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)

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 DEPARTMENT OF STATE  
 FILED

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