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(Address)

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(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MAY 13 2015  
D. BRUCE

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Yummi Gummi of FL, 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:

SHERRI LECRONE  
Name of Person

Yummi Gummi of FL, LLC  
Firm/Company

104 20<sup>th</sup> STREET  
Address

BELLEAIR BEACH, FL 33786  
City/State and Zip Code

SHERRI.LECRONE@YAHOO.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SHERRI LECRONE at ( 612 ) 889-8236  
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**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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TALLAHASSEE FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Yummi Gummi of FL, LLC

(Must end with 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:

104 20<sup>TH</sup> ST  
BELLEAIR BEACH, FL  
33786

104 20<sup>TH</sup> ST  
BELLEAIR BEACH, FL  
33786

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:

SHERI LECRONE

Name

104 20<sup>TH</sup> ST

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

BELLEAIR BEACH FL 33786

City

Zip

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*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..*

*Sheri LeCrone*

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

\_\_\_\_\_  
\_\_\_\_\_  
SHERRI LECRONE  
104 20<sup>TH</sup> ST  
BELLEAIR BEACH, FL 33786

\_\_\_\_\_  
\_\_\_\_\_  
AMBR

\_\_\_\_\_  
\_\_\_\_\_  
ARMAND LECRONE  
104 20<sup>TH</sup> ST  
BELLEAIR BEACH, FL 33786  
\_\_\_\_\_  
\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: DATE OF RECEIPT (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.)

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**

  
Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

SHERRI LECRONE  
Typed or printed name of signee

2015 MAY - 6 PM 12: 53  
**FILED**  
DEPARTMENT OF STATE  
PALM BEACH COUNTY  
STATE OF FLORIDA

**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)