

Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number

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From:

Account Name

: MILLIKEN P.C.

Account Number: I19990000078

Phone

: (800)669-9805

Fax Number

: (888)480-9715

LIMITED LIABILITY COMPANY

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2

ARTICLES OF ORGANIZATION

ARTICLE I

The name of the Limited Liability Company is THE SPARKLING CROWN LLC

ARTICLE II

The mailing address and street address of the principal office of the Limited Liability Company is:

4716 SEEFFIELD RD., LAND O'LAKES, FL 34639-

ARTICLE III

The period of duration for the Limited Liability Company shal be made to the Limited Liability Company shall be made to the Liability Compa

ARTICLE IV

The Limited Limbility Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) are:

SHEILA HAYES, 4716 SHEFFIELD RD., LAND O'LAKES, FL, 34639- MISTY HAYES, 4716 SHEFFIELD RD., LAND O'LAKES, FL, 34639-

ARTICLE V

The right, if given of the members to admit additional members and the terms and conditions of the admissions shall be with unanimous consent of the members, as provided in Section 608.4232, Florida Statutes, upon the terms and conditions provided for by such unanimous consent.

ARTICLE VI

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be with unanimous consent of the members, as provided in Section 608.441, Florida Statutes, upon the terms and conditions provided for by such unanimous consent.

Signature of a member or an authorized representative of a member

Prepared By: Milliken P.C., 4643 E. Thomas, #9, Phx, AZ 85018

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

l.	The name of the limited liability company is: THE SPARKLING CROWN LLC		TAY.
2.	The name and the Florida street address of the registered agent are: MISTY HAYES NAME	02 FEB 28	TALLAHASSEE, FLORIDA
	4716 SHEFFIELD RD, Florida street address (P. O. Box NOT ACCEPTABLE) LAND O' LAKES FL 34639 CITY, STATE AND 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.

Misty Bailly SIGNOTURE

Filing Fee: \$ 35 for Designation of Registered Agent