

# L030000 32583

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

(Business Entity Name)

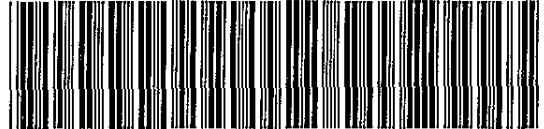
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[Signature]

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SWEET BASIL, 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:

BANGON LONGSOMBOON

(Name of Person)

SWEET BASIL, LLC

(Firm/Company)

7515 SW 54th AVENUE

(Address)

MIAMI, FL 33143

(City/State and Zip Code)

For further information concerning this matter, please call:

MS. BANGON LONGSOMBOON at (305) 666-2623  
(Name of Person) (Area Code & Daytime Telephone Number)  
(305) 606-3954

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

SWEET BASIL, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

7515 SW 54th AVENUE  
MIAMI, FL 33143

**Mailing Address:**

7515 SW 54th AVENUE  
MIAMI, FL 33143

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

MS. BANGON LONGSOMBOON

Name

7515 SW 54th AVENUE

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

MIAMI, FL 33143

City, State, and 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 608, F.S..*

Bangon Longsomboon

Registered Agent's Signature

(CONTINUED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

MS. BANGON LONGSOMBOON  
7515 SW 54th AVENUE  
MIAMI, FL 33143

MGRM

MR. VATCHARIN BHUMICHITR  
7515 SW 54th AVENUE  
MIAMI, FL 33143

(Use attachment if necessary)

**NOTE:** An additional article must be added if an effective date is requested.

**REQUIRED SIGNATURE:**

Bangon Longsomboon

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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

MS. BANGON LONGSOMBOON

Typed or printed name of signee

**Filing Fees:**

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

SECRETARY  
TALLAHASSEE, FLORIDA

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