

Division of Corporations
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To:

Division of Corporations

Fax Number

: (850)205-0383

PEU MIII: 29 URPORAJI

Account Name

: BLUMBERG/EXCELSIOR CORPORATE

Account Number: 075350000353 Phone: (212)431-5000

Fax Number

: (212)431-1441

05 JAN 27

## LIMITED LIABILITY COMPANY

Sugar Plum Farm, LLC

Certificate of Status	0
Certified Copy	ß
Page Count	02
Estimated Charge	\$125.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY		
ARTICLE I - Name: The name of the Limited Liability Comp	pany is:	
Sugar Plum Farm, LLC		
ARTICLE II - Address: The mailing address and street address of Principal Office Address:	of the principal office of the Limited Liability Company is:  Mailing Address:	
1072 NOSH DRIVE	1072 NOSH DRIVE	
CELEBRATION, FL 34747	CELEBRATION, FL 34747	
ARTICLE III - Registered Agent, Reg The name and the Florida street address Robin Malatino	TAR ASS	
	Name	
1072 Nosh Drive	FS 5	
Florida s	treet address (P.O. Box NOT acceptable)	
Celebration, FL 34747	\$m · 5	

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..

· Registered Agent's Signature

City, State, and Zip

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Blumberg/ Excelsior Corporate Services, Inc. 62 White Street
New York, NY 10013

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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:
MGRM	Robin Malatino
	1072 Nosh Drive
	Celebration, FL 34747
MGRM	Tony Malatino
	1072 Nosh Drive
	Celebration, FL 34747
. (1	
(Use attachment if necessary)	
NOTE: An additional article must be a	added if an effective date is requested.
REQUIRED SIGNATURE:	TALL
	FE
a de la companya de	heme late. AFF & T
<u> </u>	
Signature of a member or	an authorized representative of a member.
(In accordance with section of this document constitutes that the facts stated herein	608.408(3), Florida Statutes, the execution an affirmation under the penalties of perfury
Tony Malatin	
Typed o	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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