## Florida Department of State

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : AGENTS AND CORPORATIONS, INC

Account Number : I20010000112 Phone : (302)575-0875 Fax Number : (302)575-0925

LIMITED LIABILITY COMPANY

**Sweet Savor LLC** 

Certificate of Status	0
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DIVISION OF CORPORATION

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is: Sweet Savor LLC

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 9838 Old Baymeadows Road, #222, Jacksonville, FL 32256

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

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

Agents and Corporations, Inc. Suite E, 773 4<sup>th</sup> Avenue North Naples, FL 34102

Having been name 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

ARTICLE IV - Management (Check box if applicable.) The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

ARTICLE V - Manager:

The initial Manager(s) of the Limited Liability Company shall be:

Nichols

Ann Nichols

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.)

Ann Nichols

Typed or printed name of signee

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