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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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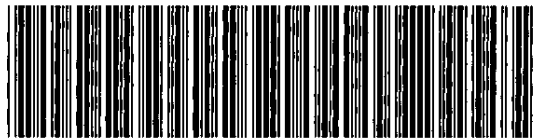
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
08 JAN -9 AM 11:02

T. Hampton JAN 10 2008

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Sweetz Chocolate & Treats Cafe, 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:

Donna Marie Cyrus

(Name of Person)

Sweetz Chocolate & Treats Cafe, LLC

(Firm/Company)

18800 NE 29th Avenue #210

(Address)

Aventura, FL 33180

(City/State and Zip Code)

For further information concerning this matter, please call:

Donna Marie Cyrus

(Name of Person)

at (786) 925-6484

(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

FLORIDA
ARTICLES OF ORGANIZATION FOR
LIMITED LIABILITY COMPANY

ARTICLE I

Name: The name of the Limited Liability Company is Sweetz Chocolate & Treats Café, LLC.

ARTICLE II

Address: The mailing address and street address of the principal office of the Limited Liability Company is 18800 NE 29th Avenue, #210, Aventura, FL 33180.

ARTICLE III

Duration: The period of duration of the Limited Liability Company shall be perpetual.

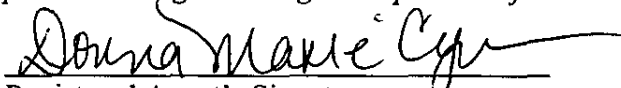
ARTICLE IV

Purpose: The purpose of the Limited Liability Company shall be any lawful purpose or purposes permitted under state law.

ARTICLE V

Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are Donna Marie Cyrus, 18800 NE 29th Avenue, #210, Aventura, FL 33180.

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

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ARTICLE VI

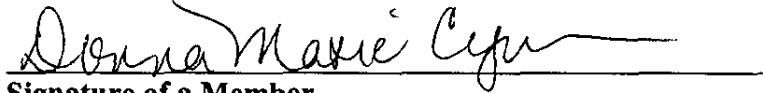
Managing Members: The Limited Liability Company shall be managed by its members. The name and address of each Managing Member is as follows:

Donna Marie Cyrus	18800 NE 29 th Avenue, #210, Aventura, FL 33180
Sarah Dawnett Cyrus	18800 NE 29 th Avenue, #210, Aventura, FL 33180
Calvin Arinze Cyrus	18800 NE 29 th Avenue, #210, Aventura, FL 33180

ARTICLE VII

Indemnification: The members of the Limited Liability Company shall have no liability for any debt, obligation, or liability of the Company.

SIGNATURE:



Signature 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.)

Donna Marie Cyrus

Typed 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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