L0900106743

(Red	questor's Name)	
(Add	dress)	
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(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	Certificates	of Status
	-	
<u> </u>		
Special Instructions to	Filing Officer:	
	•	
		}
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Office Use Only



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10/16/09--01038--003 **243.75

PILED

09 NOV -4 AM 10: 45

SECRETARY OF STATE
AN AMASSEE. FLORID.

1. BRYAN LUI 2 8 2009

J. BRYAN

NOV -5 2009

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 22, 2009

SWEET TOPIA LLC 2601 SW 13TH AVE. FORT LAUDERDALE, FL 33315

SUBJECT: SWEET TOPIA LLC Ref. Number: L07000021604



F . . . 40

We have received your document for SWEET TOPIA LLC and your check(s) totaling \$243.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees to reinstate the limited liability company are as follows: \$100.00 reinstatement fee; \$138.75 filing fee per year for the years 2008 through 2009; and \$5.00 for each certificate of status requested (optional). Therefore, the total amount due at this time is \$382.50.

We need an additional check for \$138.75

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 909A00033736

COVER LETTER

TO: Registration	Section Corporations					
Division of C	orporations					75 8
CUDIFCT.	American	Carib	hean	Gatewa	vIIC	Eg 3
SUBJECT:	Name of Limi				<u> </u>	芸し
						3SE XX
The enclosed Articles	of Organization and fee(s) are	submitt	ed for fil	ing.		OS NON - LATE SECRETARY OF STATE TALLAHASSEE. FLORID
Please return all corres	spondence concerning this ma	tter to th	e follow	ing:		SET I
		Vito T	amma			3
		Name o	f Person			W
	Bari	um Ho	ldings,	, Inc.		• •
		Firm/C	ompany		-, -	
	260	1 SW	13th A	ve.		
		Ado	iress			
	Fort La	auderd:	ale, FL	. 33315		
		ty/State a			1. 1.	
		tamma				
	E-mail address: (to be used	for future	annual re	port notificat	tion)	
For further information	concerning this matter, pleas	e call:				
Vit	o Tamma	at (954	`	261-3827	
Name	of Person	_ ai \		de & Daytim	e Telephone Numb	
Enclosed is a check f	or the following amount:					
_	✓\$130.00 Filing Fee & Certificate of Status	Cer	tified C	ing Fee & copy opy is enclose	Certifica d) Certified	Filing Fee, ate of Status & Copy I copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Registra Divisio Clifton 2661 E	Courier Add ation Section in of Corpor Building xecutive Ce ssec, FL 32:	ations nter Circle	

Division of Corporations Registration Section

Re: Cancellation of Sweet Topia LLC (EIN# 20-8527662)

Dear Joey Bryan,

Good day, I hope all is well. On October 13th I mailed in a check to the Division of Corporations which covered the Reinstatement Fee, Annual Report Fee, and Certificate of Licenses and Permits for Sweet Topia, LLC. After speaking with Agnes today I realize that my payment was \$138.75 short as I didn't account for the reinstatement fee being for each year that the company was dissolved.

Over the last ten days I have decided that instead of reactivating Sweet Topia, LLC I would rather open up a new company called American Caribbean Gateway, LLC. Agnes has advised me to write this letter to you asking you to apply the money that was sent in towards Sweet Topia, LLC (\$243.75) to be applied to the fees associated with opening the new company (Filing Fee and Certificate of Status - \$130.00). I would also ask if you could refund the (\$113.75) which is the difference between what I originally sent in and what is currently due. I can be reached either at the office at (954) 524-9097 or on my cell phone at (954) 328-9535.

My office address is:

ACG Trading, Inc. 2601 SW 13th Ave. Fort Lauderdale, FL 33315

If you have any further questions or comments please feel free to contact me at any time.

Best Regards,

Nick Tamma

SECRETARY OF STATE



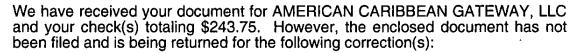
FLORIDA DEPARTMENT OF STATE Division of Corporations

October 28, 2009

VITO TAMMA BARIUM HOLDINGS, INC. 2601 SW 13TH AVE. FORT LAUDERDALE, FL 33315

SUBJECT: AMERICAN CARIBBEAN GATEWAY, LLC

Ref. Number: W09000047948



The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Regulatory Specialist II FILED 9NOV-4 MID: 45 SECRETASSEE, FLORIGA SECRETASSEE, FLORIGA

Letter Number: 309A00034140

ARTICLES OF ORGANIZATION FOR FLO	ORIDA LIMITED LIABILITY COMPANY				
ARTICLE I - Name: The name of the Limited Liability Company is:	TARY OF				
American Caribbean (Must end with the words "Limited Liabilit					
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:				
Principal Office Address:	Mailing Address:				
2601 SW 13th Ave. Fort Lauderdale, FL 33315	2601 SW 13th Ave. Fort Lauderdale, FL 33315				
ARTICLE HI - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)					
The name and the Florida street address of the re-	gistered agent are:				
Vito Tamma					
Name					
11431 NW 5th St.					
Florida street address (P.O. Box NOT acceptable)					
Plantation, 33325	FL				
City, State, and	1 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 as provided for in Chapter 608, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

6 .. 8

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	09 NOV SECRE TALLAP
MGR	Justin Nee 2601 SW 13th Ave. Fort Lauderdale, FL 33315	HASSEE, FLORID
MGR	Marc Panara 2601 SW 13th Ave. Fort Lauderdale, FL 33315	
(Use attachment if necessary)		
ARTICLE V: Effective date, if other than the If an effective date is listed, the date must be o or 90 days after the date of filing.)	date of filing:e specific and cannot be more than five	(OPTIONAL) e business days prior
REQUIRED SIGNATURE:		
Mon a A.	2)	
(In accordance with sec	or an authorized representative of a memi- tion 608.408(3), Florida Statutes, the executio tutes an affirmation under the penalties of per- pen are true.)	n
Marc A. Pan Typ Filing Fees:	ed or printed name of signec	_
\$125.00 Filing Fee for Articles of Organ	nization and Designation	

of Registered Agent

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)