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Florida Department of State
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To: Division of Corporations
Fax Number : (850) 617-6383

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Account Number : I20070000160
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**FLORIDA/FOREIGN LIMITED LIABILITY CO.
SWEET RIDE, LLC**

Certificate of Status	0
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S. HAWKES

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EXAMINER

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

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

SWEET RIDE, LLC

ARTICLE II ADDRESSThe mailing address and street address of the principal office of
Limited Liability Company is:117 SONNY OAK TRAIL
KISSIMMEE, FLORIDA 34746**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT SIGNATURE**

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

SHIRLEY APONTE
117 SONNY OAK TRAIL
KISSIMMEE, FLORIDA 34746

Having been named as registered agent 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.

x Shirley Aponte.

SHIRLEY APONTE / Registered Agent's signature

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ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS (optional)

MANAGING MEMBER
SHIRLEY APONTE
117 SONNY OAK TRAIL
KISSIMMEE, FLORIDA 34746

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.....
x Shirley Aponte

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.

SHIRLEY APONTE

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