L10000039490

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000082699 3)))

H100000826993ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

L. SELLERS
APR 13 2010
EXAMINER

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

From:
Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305)634-3694
Fax Number : (305)633-9696

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED
10 APR 12 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.
taffy apple baby, llc

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	$155.00

FILED
10 APR 12 AM 10:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

H10000082699

(3)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I-Name:

The name of the Limited Liability Company is: **TAFFY APPLE BABY, LLC**

ARTICLE II-Address: 11701 SW 68 COURT, PINECREST, FL 33156

The mailing address and street address of the principal office of the Limited Liability Company is: 11701 SW 68 COURT
PINECREST, FL 33156

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

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

NOELI SANCHEZ
11701 SW 68 COURT
PINECREST, FL 33156

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 605, F.S.

Noeli Sanchez

Registered Agent's Signature
Noeli Sanchez

FILED
10 APR 12 AM 10:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H10000082699

H10000082699

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:**
Mgr/Mgrm	Noeli Sanchez 11701 SW 68 Ct., Pinecrest, FL 33156
Mgr/Mgrm	Felix Guillermo Sanchez 11701 SW 68 Ct., Pinecrest, FL 33156
Mgr	Katia Pimentel 11701 SW 68 Ct., Pinecrest, FL 33156
Mgr/Mgrm	Norma Strydio 11701 SW 68 Ct., Pinecrest, FL 33156

ARTICLE V: Effective date, if other than the date of filing: date of filing

Required Signature:

Noeli Sanchez (signee)
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 fact stated herein are true.)

Filing Fees:
$100.00 Filing Fee for Articles of Organization
$ 25.00 Designation of Registered Agent
$ 30.00 Certified Copy (Optional)
$ 5.00 Certificate of Status (Optional)

H10000082699