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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

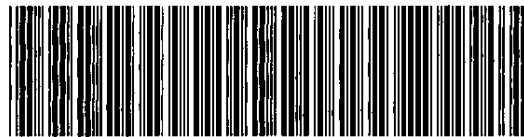
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08/13/10--01027--013 **130.00

Effective Date

09/01/10

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 AUG 25 AM 10:08

T. HAMPTON
AUG 26 2010
EXAMINER

2585-016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Sugargrille Events, 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:

Sherry Flynn

Name of Person

Sugargrille Events, LLC

Firm/Company

1425 Woodfield Oaks Dr.

Address

Apopka, Florida 32703

City/State and Zip Code

lynnirish@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sherry Flynn

Name of Person

at (616) 914-4430

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 DEPARTMENT OF STATE
Division of Corporations

RECEIVED

10 AUG 25 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

August 16, 2010

SHERRY FLYNN
1425 WOODFIELD OAKS DR
APOPKA, FL 32703

SUBJECT: SUGARGRILLE EVENTS, LLC
Ref. Number: W10000038543

We have received your document for SUGARGRILLE EVENTS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on August 13, 2010. Please amend your document accordingly.

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) 245-6855.

Tammy Hampton
Regulatory Specialist II

Letter Number: 310A00019627

Effective Date

09/01/10

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Sugargrille Events, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

1425 Woodfield Oaks Dr.

Apopka, Florida 32703

Mailing Address:

1425 Woodfield Oaks Dr.

Apopka, Florida 32703

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Kaala Hammel

Name

1425 Woodfield Oaks Dr.

Florida street address (P.O. Box **NOT** acceptable)

Apopka FL 32703

City, State, and 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.

✓ Kaala Hammel
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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10 AUG 25 AM 10:08

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

Sherry Flynn

5993 8th Avenue, Apt. B

Grandville, Michigan 49418

MGRM

Kaala Hammel

1425 Woodfield Oaks Dr.

Apopka, Florida 32703

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: September 1, 2010 . (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

✓ Kaala Hammel
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.)

Kaala Hammel

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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 AUG 25 AM 10:08