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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

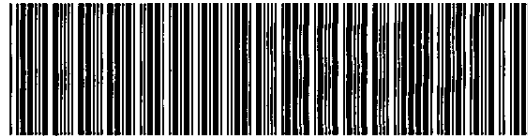
Special Instructions to Filing Officer:

L. SELLERS

DEC - 9 2010

EXAMINER

Office Use Only



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12/07/10--01033--001 \*\*130.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 DEC - 7 PM 2:53

FILED

*Sam*  
AUTHORIZATION BY PHONE TO  
CORRECT *mgr. name*  
DATE *12/9/10*  
DOC. EXAM *LSellers*

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Yogurt Dreamz Sunrise 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:

Anthony Shaw

Name of Person

Firm/Company

12584 West Sunrise Blvd

Address

Sunrise, Florida 33323

City/State and Zip Code

Yogurtdreamz@gmail.com

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

For further information concerning this matter, please call:

Anthony Shaw

Name of Person

at ( 954 ) 200-1067

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

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Yogurt Dreamz Sunrise 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:

12584 West Sunrise Blvd.  
Sunrise, Florida 33323

### Mailing Address:

18407 New London Avenue  
Land O Lakes, FL 34638

## 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:

Sage Dreamz Corp.

Name

18407 New London Avenue

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

Land O Lakes FL 34638

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..*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
10 DEC -7 PM 2:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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

Anthony Shaw

18407 New London Avenue

Land O Lakes, FL 34638

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 12/06/2010. (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:**



**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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Lee Shaw

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)**

YOGURT DREAMZ SUNRISE INC.

11881 NW 2 Street  
PLantation, Florida 33325  
Phone: (954) 818-3805  
Facsimile: (954) 452-5033

December 6, 2010

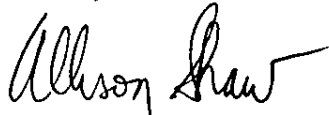
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

Re: Yogurt Dreamz Sunrise LLC

Dear Sir/Madam,

This letter confirms that "Yogurt Dreamz Sunrise Inc." has no objection to the filing of "Yogurt Dreamz Sunrise LLC."

Sincerely,

A handwritten signature in black ink, appearing to read "Allison Shaw", with a stylized flourish at the end.

Allison Shaw