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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	y/State/Zip/Phon	e #)
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C. LEWIS

MAY 1 0 2011

EXAMINER

## **COVER LETTER**

Division of C		***	<b>.</b>
SUBJECT: You	Sweet Thang, LLo	C	
		ted Liability Company	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corre	spondence concerning this mat	tter to the following:	
Jana Ro	nan		
<u>ound No</u>		Name of Person	
		Firm/Company	
1865 NE	Dixie Highway		
<del> </del>		Address	
Jensen Be	each, FL 34957		
	Ci	ty/State and Zip Code	
jbkgb@bel	Ilsouth.net	for future annual report notification)	
· For further information	n concerning this matter, pleas	e call:	
Jana Ronan	·	at (772 ) 631-9104	
Name	e of Person	Area Code & Daytime Telepho	ne Number
Enclosed is a check	for the following amount:		
<b>✓</b> \$125.00 Filing Fee [	\$130.00 Filing Fee & Certificate of Status	Certified Copy C (additional copy is enclosed)	160.00 Filing Fee, ertificate of Status & ertified Copy dditional 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 Circl	e

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

You Sweet Thang, LLC  (Must end with the words "Limited	d Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of t	the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1865 NE Dixie Highway Jensen Beach, Fl 34957	same
ARTICLE III - Registered Agent, Registered Limited Liability Company cannot serve as its own business entity with an active Florida registration.)  The name and the Florida street address of	tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another the registered agent are:
Jana Ronan	HASH 1
1	Vienes CT
100E NE Divis	Highway
1865 NE Dixie	ingilway
	eet address (P.O. Box NOT acceptable)

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)

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

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

FILED

			TALLAHASSEE
MGR		Joel Ronan	
		· · ·	
MGRM	<del>_</del>	Jana Ronan	
MGRM		Diane Brandt	
· · · · · · · · · · · · · · · · · · ·			
(Use attachment	if necessary)		
LE V: Effective fective date is lis days after the days	ted, the date must be	late of filing:specific and cannot be more th	(OPTIONAL) nan five business days p

(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.)

Diane Brandt

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)