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Certified Copies	Certificates	s of Status
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Special Instructions to Fi	ling Officer:	1
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Office Use Only



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C. LEWIS AUG - 8 2011

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section  Division of Corporations
SUBJECT: Rainbow Frozen Yogurt 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:
Zugui Wang Name of Person
Rainbow Frozen Yogurt LLC
349100 Thomasuille Rd #9
Tallahussee, Fl 32309  City/State and Zip Code
Kiku Fusion (2) gmaile (om  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ZUGW Wang.  Name of Person  at (850) 459889  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certified Copy (additional copy is enclosed)}\$\$  Certificate of Status \$\times \text{Certified Copy (additional copy is enclosed)}\$\$  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:

Rainbow Frozen Yogurt  (Must end with the words "Liphited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principle.	cipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3491 Thomasuille Rd #9 Tallahassee, FL 32309	Some.
ARTICLE III - Registered Agent, Registered C (The Limited Liability Company cannot serve as its own Registere business entity with an active Florida registration.)  The name and the Florida street address of the reg    Zugin Wang   Name     2009 Antie fam     Florida street address   Tallah assee	gistered agent are:  Wall  ss (P.O. Box NOT acceptable)
City, State	
liability company at the place designated in this registered agent and agree to act in this capacity.  statutes relating to the proper and complete perfe	cept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and exed agent as provided for in Chapter 608, F.S

(CONTINUED)

Registered Agent's Signature (REQUIRED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: -8 M 9:55 Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member Marm (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: \_\_\_ (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.)

Typed of 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)