L110000091201

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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| |

Office Use Only



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THAMPTON EXAMPLE:

COVĘŔ LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: Sugar Sparkle Sweet L.L.C. / Diana leigh Earn'S L.L.C. |
| The enclosed Articles of Organization and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Diana Leigh Evans Name of Person |
| Doger Sportle Sweet |
| 1989 Summer Club Dr #207 Address |
| Oviedo FL 38765 City/State and Zip Code |
| Dicarassums V83 Quantil Com E-mail address: (to be used for Nature annual report notification) |
| For further information concerning this matter, please call: |
| Dicence L. Eucons at (407) 3710-3821 Name of Person Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| □\$125.00 Filing Fee U\$130.00 Filing Fee & Certificate of Status □\$155.00 Filing Fee & Status Certificate of Status □\$155.00 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

(additional copy is enclosed)

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 | y |

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:

Mailing Address:

business entity with an active Florida registration.)

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

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

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)

Page 1 of 2

| Title: | Name and Address: |
|--|--|
| "MGR" = Manager "MGRM" = Managing Member | J |
| MGR | Diara L. Evaro 1939 Jummer Chio Dr#20 Oviedo FL 32765 |
| | |
| | |
| • | |
| | |
| (Use attachment if necessary) | |
| ICLE V: Effective date, if other than the | ne date of filing: (OPTIONA |
| APR 17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | be specific and cannot be more than five business day |
| | |
| | |
| 90 days after the date of filing.) REQUIRED SIGNATURE: | Resource Percentative of a member. |
| 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a memi | section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury |

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

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)

SECRETARY OF STATE DIVISION OF CORPORATIONS