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T. CLINE
MAR 2 1 2012
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Sweet 12 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:
Hather L. Bedor
Name of Person
Firm/Company
3015 Monticello Place #108
Address
Orlando, FZ 32835
City/State and Zip Code Sweet 12 Cycakes & Yahao . Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Hother L. Bedor at (40) 256-5163 Name of Person Area Code & Daytime Telephone Number 357 8
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times \text{\$130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)} \$125.00 Filing Fee \$\times \text{\$160.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)}
Mailing Address Registration Section Street/Courier Address Registration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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:	
Sweet 12 U.C.	
(Must end with the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the prince	cipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3015 Monticello Place #108 Oxlando, pl. 32835	3075 Montiello Flaq #108 Orlando,ec 32835
ARTICLE III - Registered Agent, Registered O (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	-
Name	
3075 Montcello Pl	ace #108
Florida street addres	ss (P.O. Box <u>NOT</u> acceptable)
<u>Calando</u>	FL 32835 and Zip
City, State,	and Zip
Having been named as registered agent and to acc liability company at the place designated in this registered agent and agree to act in this capacity. statutes relating to the proper and complete perfo accept the obligations of my position as register	I certificate, I hereby accept the appointment as I further agree to comply with the provisions of all presents of my duties, and I am familiar with and red agent as provided for in Chapter 608, F.S.
Registered Agent's Signature	(REQUIRED)
(CONTINUE	

Page 1 of 2

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Jeremiah Brown 2337 Lake Debra Drike Apt 511 Orlande 19 32835
MGR	Heather L. Beder 30)5 monticello Place #108 Oclando, Pl. 32835
(Use attachment if necessary)	
DEFECT FAT FCC. of a day of all all all all all all all all all al	
	date of filing: (OPTIONAL) specific and cannot be more than five business days prior
If an effective date is listed, the date must be	-
If an effective date is listed, the date must be to or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member (In accordance with section 608.4 constitutes an affirmation under to 1 am aware that any false information constitutes a third degree felony and the constitutes are the constitutes and the constitutes are the constitutes and the constitutes are the c	-
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