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12 JUN 11 AM 11: 57

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T. HAMPTON

## **COVER LETTER**

TO:	Registration of	on Section Corporations		
SUBJ	ECT: SWE	eety's Gourmet Bal	kery, LLC	
5020		Name of Limit	ed Liability Company	
The er	iclosed Article	es of Organization and fee(s) are	submitted for filing.	
Please	return all cor	respondence concerning this mat	ter to the following:	
	Deatra	Lovett-Clark		
•			Name of Person	
	Sweety	's Gourmet Bakery	, LLC	
			Firm/Company	
	17338	31st Road North		
			Address	
	Loxabato	chee, FL 33470		
	LOXUITAG		ry/State and Zip Code	
	sweetysc	online@sweetysonline.	com	
		E-mail address: (to be used	for future annual report notification)	
For fu	rther informat	ion concerning this matter, pleas	e call:	·
Dea	tra Lovett-	-Clark	at (561 ) 707-2186	•
		nme of Person	Area Code & Daytime Telep	hone Number
Enclo	sed is a chec	k for the following amount:		
\$125.0	0 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 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 Ci Tallahassee, FL 32301	ircle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Sweety's Gourmet Bakery, LLC			
(Must end with the words "Lim	ited Liability Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the principal Office Address:	of the principal office of the Limited Liability Company is:  Mailing Address:		
17338 31st Road North Loxahatchee, FL 33470	17338 31st Road North Loxahatchee, FL 33470		

Deatra Lovett-Clark

Name

17338 31st Road North

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

Loxahatchee

FL 33470

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)

Page 1 of 2

SECRETARY OF STAIL
DIVISION OF CORPORATIONS

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

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

MGR	Deatra Lovett-Clark  17338 31st Road North
	Loxahatchee, FL 33470
MGR	Rodney L. Clark
	17338 31st Road North
	Loxahatchee, FL 33470
MGRM	Pauline Johnson
	14788 82nd Lane
	Loxahatchee, FL 33470
Use attachment if necessary)	
EV: Effective date, if other than the	he date of filing: (OPTION

**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.)

Deatra Lovett-Clark

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)