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B. BOSTICK JUL - 2 2013

EXAMINER

CORPDÍŘECT AGE 515 EAST PARK AV TALLAHASSEÉ, FL 222-1173	ENUE	nerly CCRS)				
FILING COVER S ACCT. #FCA-23	SHEET					
CONTACT:	RICKY SOTO	\bar{o}				
DATE:	07/01/2013					
REF. #:	<u>8819837</u>					
CORP. NAME:	SUGARMILI	_ DEVELOPMENT	<u>LLC</u>			
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() ANNUAL REPORT() FOREIGN QUALIFIE		() TRADEMARK/SERV () LIMITED PARTNER		() FICTITIOUS NA! (XX) LIMITED LIABI		
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() OTHER:					ī 2	
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STATE FEES P	REPAID WIT	ГН СНЕСК# <u>7000</u>	<u>4344</u> FOR \$ <u>1</u>	<u>55.00</u>	2013 JUL - 1 AI SECRETARY OF TALLAHASSEE!	
AUTHORIZATI	ON FOR AC	COUNT IF TO B	BE DEBITED	:	I AM 9: 33 CY OF SHAIL SEE FLORIO	i i
_			COST LIM	IT: \$		
PLEASE RETUI	RN:					
(XX) CERTIFIED COF	PY () CE	RTIFICATE OF GOOD	STANDING	() PLAIN STAMP	ED COPY	
() CERTIFICATE O	F STATUS					

Examiner's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	is:
Sugarmili Development LLC (Must end with the words "Lin	mited 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:
3 Cypress Run. Unit 32C Homosassa, FL 34446	3 Cypress Run, Unit 32C Homosassa, FL 34446
	red Office, & Registered Agent's Signature; is own Registered Agent. You must designate an individual or stration.)
The name and the Florida street address of the	e registered agent are:
Nacl	hum Kelka ASE S
3 Cypress F Florida street add	Run, Unit 32C A A A A A A A A A A A A A A A A A A
	ssa, FL 34446 Dity, State, and Zip
stated limited liability company at the the appointment as registered agent a comply with the provisions of all state	hum Kelka Name Run, Unit 32C dress (P.O. Box NOT acceptable) ssa, FL 34446 City, State, and Zip ent and to accept service of process for the above of a place designated in this certificate, I hereby accept and agree to act in this capacity. I further agree to act and agree to act in the proper and complete familiar with and accept the obligations of my ded for in Chapter 608, FS
· _ /x	Ell-
Registered Ag	ent's Signature (REQUIRED)

(CONTINUED)

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"MGR" ≈ Manager "MGRM" Managing Member	Name and Address:
· MGR	Nachum Valle
	Nachum Kalka 3 Cypress Run, Unit 32C
	Homosassa, F), 34446
	•
	•
<u> </u>	
Use attachment if necessary)	
RTICLE V: Effective date, if other the If an effective date is listed, the date n rior to or 90 days after the date of fili	
HOF to be 90 days after the date of the	
•	11. 12
REQUIRED SIGNATURE:	o I hely
•	21 hlu
REQUIRED SIGNATURE:	T or an authorized representative of a member.
Signature of a member of a mem	
Signature of a member of a mem	r or an authorized representative of a member. 408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are information submitted in a document to the Department of felony as provided for in s.817.155, F.S.)
Signature of a member of a mem	r or an authorized representative of a member. 408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are aftermation submitted in a document to the Department of
REQUIRED SIGNATURE: Signature of a member (In accordance with section 608 constitutes an affirmation under true, I am aware that any false in State constitutes a third degree f	r or an authorized representative of a member. 408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are information aubmitted in a document to the Department of felony as provided for in s.817.155, F.S.) Nachum Kalka
Signature of a member of a mem	r or an authorized representative of a member. 408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are aftermation submitted in a document to the Department of felony as provided for in s.817.155, F.S.) Nachum Kalka bed or printed name of signce
REQUIRED SIGNATURE: Signature of a member (In accordance with section 608 constitutes an affirmation under true, I am aware that any false in State constitutes a third degree f	A08(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are information submitted in a document to the Department of relony as provided for in s.817.155, F.S.) Nachum Kalka Deed or printed name of signee Deganization ered Agent

SECRETARY OF STAIL TALLAHASSEF, PLOBIN.

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