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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT: Happiness Tea and Spice Company, 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:

Susan Nilon	
Name of Person	
Happiness Tea and Spice Company	
Firm/Company	
4206 Shady Oaks Ct	
Address	
Sarasota, Florida 34233	
City/State and Zip Code	
susan.nilon@gmail.com	
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

Susan Nilon

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 & U\$155.00 Filing Fee & Certificate of Status 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 Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Happiness Tea and Spice Company (Must end with the words "Limited Liability	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4206 Shady Oaks Ct	Same
Sarasota, Fl 34233	•
(The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.) The name and the Florida street address of the report David Ferguson	
Name	
4206 Shady Oaks Ct	
· · · · · · · · · · · · · · · · · · ·	ress (P.O. Box NOT acceptable)
Sarasota	FL 34233
· · · · · · · · · · · · · · · · · · ·	te, and Zip
liability company at the place designated in the registered agent and agree to act in this capacitall statutes relating to the proper and complete	accept service of process for the above stated limited his certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of e performance of my duties, and I am familiar with gistered agent as provided for in Chapter 608, F.S

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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>Tit</u> "M	<u>le:</u> GR" = Manager	Name and Address:
	GRM" = Managing Me	iber
MG	SRM	Susan Nilon
		4206 Shady Oaks Ct
		Sarsota, FL
ti		
		The second secon
****	*************************************	
(Us	se attachment if necessa	<i>i</i>)
ARTICLE	V: Effective date, if ot	er than the date of filing: (OPTIONAL)
If an effec	ctive date is listed, the	late must be specific and cannot be more than five business days
rior to or	90 days after the date	nung.)
RE	<u>QUIRED</u> SIGNATUI	E:
		en Acti
	Signatur	f a member or an authorized representative of a member.

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)

Susan Nilon

Typed or printed name of signee