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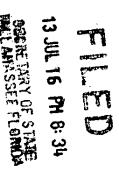
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JUL 1 6 2013 T HAMPTON

COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJE	CT:	Eye Ca	ndy Aquat	ics
The end	closed Articles of C	Organization and fee(s) are so	ubmitted for filing.	
Please r	eturn all correspor	ndence concerning this matte	r to the following:	
-	E	Bryan Clab	>> ✓ ✓ Name of Person	
		ye Candy Aq		
	77	16 Preserva	tion Rd	
			Address	
<u>-</u>	Tel	lahassee	FC 32312 //State and Zip Code	
-	Eyel	endy Ag Jahies C E-mail address: (to be used fi	/State and Zip Code Composition (Composition)	
For furt	ther information co	oncerning this matter, please	call:	
Bry	an Clabor	Person	at (850) 509 C	5 115
Enclos	sed is a check for	the following amount:		
		□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & □ Certified Copy (additional copy is enclosed)	Certificate of Status &
		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 C Tallahassee, FL 32301	ircle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Eye Candy A (Must end with the words Elmited Lize	iblity 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:
7716 Preservation Rd Fallahossee Fl 32312	7716 Pirservation Rd Pullahassee FL 32312
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Registrations)	red Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another
The name and the Florida street address of the	e registered agent are:
Byan Clab	me e
7716 Preserv	ation Rd
	ation Rcl address (P.O. Box <u>NOT</u> acceptable)
Tallahassee	FL 32312
City,	State, and Zip
liability company at the place designated in registered agent and agree to act in this capuall statutes relating to the proper and comp	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as pacity. I further agree to comply with the provisions of plete performance of my duties, and I am familiar with registered agent as provided for in Chapter 608, F.S
Registered Agent's Sig	gnature (REQUIRED)
(CONT	INUED)
Page 1	of2

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

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

MGR	Bryon Cloborn 7716 Preservation Rd
	7716 Preservation Rd Tallahassec FL 32312
	15115115 LT 2515
	
·	
Use attachment if necessary)	
Jse attachment if necessary)	

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.)

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)

