

L/3000/08000

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

JUL 31 2013

A. LUNT

Office Use Only



100250081931

07/29/13--01031--016 **130.00

FILED
2013 JUL 29 AM 4:11
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

7/25/2013

Elizabeth Rodriguez
20810 SW 87th Avenue, #107
Cutler Bay, FL 33189
Phone: (786) 350-8064

Florida Department of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314
Phone: (850) 245-6051

FILED
2013 JUL 29 PM 4:11
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

RE: LLC Filing – Business Name: Sugar Craze, LLC.

Please find attached Articles of Organization for the formation of the Limited Liability Company, Sugar Craze, LLC along with a check in the amount of \$130.00 which is for the Filing Fee and the Certificate of Status.

Please contact me at the number listed above should you have any questions.

Thank you,
Elizabeth Rodriguez

(850) 245-6051.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Sugar Craze, 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:

Elizabeth Rodriguez

Name of Person

Sugar Craze, LLC.

Firm/Company

20810 SW 87th Avenue, #107

Address

Cutler Bay, FL 33189

City/State and Zip Code

liz@sugarcraze.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elizabeth Rodriguez

Name of Person

at (**786**) **350-8064**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 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 Circle
Tallahassee, FL 32301

2013 JUL 29 AM 4:11
RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Sugar Craze, LLC.

(Must end with the words "Limited 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:

20810 SW 87th Avenue, #107

Cutler Bay, FL 33189

Mailing Address:

20810 SW 87th Avenue, #107

Cutler Bay, FL 33189

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Elizabeth Rodriguez

Name

20810 SW 87th Avenue, #107

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

Cutler Bay, FL 33189

FL

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)

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2013 JUL 29 AM 4:11
CLERK OF STATE
TALLAHASSEE, FLORIDA

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR _____

Lucia Castillo
16950 SW 303rd Street
Homestead, FL 33030

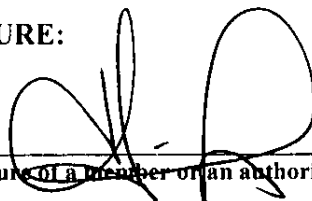
MGR _____

Eileen Rodriguez
1656 SE 29th Court, Unit #203
Homestead, FL 33035

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

Lucia Castillo

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)