

L13000162026

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

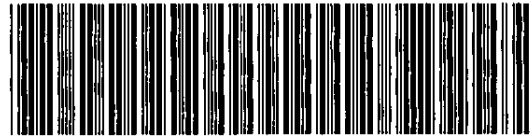
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300253924963

11/18/13--01018--017 **125.00

FILED
2013 NOV 18 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FL 32399

NOV 19 2013

T CLINE

(850) 245-6051.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CHOCOLATE DROP, LLC EIN # 46-4050767
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:

MARVELOUS RODGERS

Name of Person

CHOCOLATE DROP, LLC

Firm/Company

559 HERNANDO PLACE

Address

CLERMONT, FLORIDA 34715

City/State and Zip Code

chocolatedrop.mbr@gmail.com

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

For further information concerning this matter, please call:

DEIRDRE GOODWIN

Name of Person

at **803 457-6384**

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 NOV 18 AM 11:07
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CHOCOLATE DROP, 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:

559 HERNANDO

CLERMONT, FLORIDA 34715

Mailing Address:

614 E HWY 50 SUITE 142

CLERMONT, FLORIDA 34711

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:

DONALD RODGERS

Name

629 BETHUNE AVENUE,

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

WINTER GARDEN 34787

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..

Donald Rodgers

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2013 NOV 18 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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 _____

MARVELOUS RODGERS

559 HERNANDO PLACE

CLERMONT, FLORIDA 34715

MGRM _____

DIAMOND RODGERS

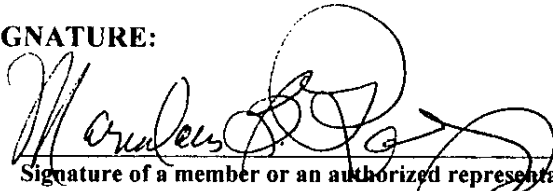
559 HERNANDO PLACE

CLERMONT, FLORIDA 34715

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: Date of filing 11/18/13 (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.)

MARVELOUS RODGERS

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)

2013 NOV 18 AM 11:07
DEPARTMENT OF STATE
CLERMONT, FLORIDA