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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MOMBACH, BOYLE & HARDIN, P.A.

Account Number: 074143000064 : (954)467-2200 Phone fax Number : (954)467-2210

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dacotten@law.usc.edu Email Address:

## FLORIDA LIMITED LIABILITY CO. THE SUGAR CHEST ANTIQUE CENTER LLC

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### ARTICLES OF ORGANIZATION

OF

#### THE SUGAR CHEST ANTIQUE CENTER LLC

The undersigned, as the authorized representative of the initial member(s) of THE SUGAR CHEST ANTIQUE CENTER LLC, a Florida limited liability company formed hereunder (the "Company"), on behalf of the member(s) of the Company, hereby forms a limited liability company under the laws of the State of Florida.

## ARTICLE I COMPANY NAME

The name of the company is THE SUGAR CHEST ANTIQUE CENTER LLC.

# ARTICLE II MAILING ADDRESS AND STREET ADDRESS OF COMPANY

The mailing address and the street address of the principal office of the Company is:

257 NE 26<sup>th</sup> Street Boca Raton, Florida 33431 2014 FEB - 5 AM 10: 14

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# ARTICLE III REGISTERED AGENT AND REGISTERED AGENT ADDRESS

The registered agent and the street address of the registered agent of this Company in the State of Florida shall be:

Conrad J. Boyle Mombach, Boyle, Hardin & Simmons, P.A. 500 East Broward Boulevard Suite 1950 Fort Lauderdale, Florida 33394

IN WITNESS WHEREOF, the undersigned being the authorized representative of the initial member(s) of the limited liability company hereby executes these Articles of Organization, this 5 day of February, 2014.

CONRADJ. BOYLE

(In accordance with section 605.0203 (1) (b), 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.)

2014 FEB -5 AND: 14

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### STATE OF FLORIDA COUNTY OF BROWARD

The foregoing instrument was acknowledged before me this \_5\_ day of February, 2014, by CONRAD J. BOYLE, who \_\_\_\_ is personally known to me or who \_\_\_\_ has produced a Florida driver's license as identification.



Notary Public - State of Florida
My Commission Expires:
Commission Number:

Having been named as registered agent and to accept service of process for the above 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 605, F.S.

DATED this <u>5</u> day of February, 2014.

2014 FEB -5 AM 10: II
CONRAD BOYLE

SSEE FLORID

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