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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number: I2000000019

Phone Fax Number

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Email Address:

FLORIDA LIMITED LIABILITY CO. INFINITE SWEETZ LLC

Certificate of Status	1
Certified Copy	0
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Help

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:
(Must end with the words "Limited Linbility 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:
5780 SW 120AVE 5750 SW 120AVE Mami, Fl. 33183

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:

Pesenia Duenas

Name

5750 SW 120 AUE

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

Miami FL 33183

City 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 605, F.S.

Registered Agent (REQUIRED)

(CONTINUED)

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Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Jesenia Everas 6760 sw 120 AVE Miami, FJ, 33183
•	
	•
(Use attachment if necessary)	
EV: Effective date, if other than the	te date of filing: (OPTIONAL) be specific and cannot be more than five husiness days prior to or 90
LE V: Effective date, if other than the fective date is listed, the date must of filing.)	be specific and cannot be more than five husiness days prior to or 90
LE V: Effective date, if other than the fective date is listed, the date must of filling.) LE VI: Other provisions, if any.	be specific and cannot be more than five husiness days prior to or 90
LE V: Effective date, if other than the fective date is listed, the date must of filing.) LE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of the filing of the filing of the filing.	be specific and cannot be more than five husiness days prior to or 90
EV: Effective date, if other than the fective date is listed, the date must of filing.) EVI: Other provisions, if any. REOUIRED SIGNATURE: Signature of the accordance with seconstitutes an affirm I am aware that any the secons is the secons in the second in the sec	f a member or an authorized representative of a member, section 605.0203 (1) (b). Florida Statutes, the execution of this document ation under the penalties of perjury that the facts stated herein are true, also information submitted in a document to the Department of State

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