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SECUENCIES DE STATEMENT DE LA PROPERTIE DE LA



B. BOSTICK
JUL 1 0 2014

FXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Sweet Intentions, 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:	
April Gardner Asker Name of Person	
Sweet Intentions, LLC Firm/Company	
2625 Blair Stone Rd Address	
Tallahassee, FL 32301 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	VTTV SECS SECS TU
For further information concerning this matter, please call:	ALLAMASS
April Gordner Askerat (850) 980-7663	F P 55
Name of Person Area Code Daytime Telephone Number	I: 03
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\bigsim \frac{\$130.00}{\$130.00}\$ Filing Fee \$\bigsim \frac{\$155.00}{\$155.00}\$ Filing Fee \$\bigsim \frac{\$160.00}{\$160.00}\$ Filing Fee \$\bigsim \frac{\$Certificate of Status}{\$Certified Copy}\$ (additional copy is enclosed) Certified Co (additional copy	of Status & py
Storat/County Address	

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

Mailing Address:

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

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

ARTICLE I - Name:

ARTICLE II - Address:

Principal Office Address:

The name of the Limited Liability Company is:

another business entity with an active Florida registration.)

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

this Gordner Ister			
Name			
Florida street address (P.O. Box NOT acceptable)			
Tallahassee FL FL 32301 City Zip			
Having been named as registered agent and to accept service of process for the above stated limited lithe place designated in this certificate, I hereby accept the appointment as registered agent and agricapacity. I further agree to comply with the provisions of all statutes relating to the proper and comp of my duties, and I am familiar with and accept the obligations of my position as registered agent as Chapter 605, F.S Registered Agent's Signature (REQUIRED)	ee to act in lete perfor	n this mance	
(CONTINUED)	SEC	14 JI	
Page 1 of 2	MASSER PL	JL 10 PM	

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Jee attachment if necessary) V: Effective date, if other than the date of filing: tive date is listed, the date must be specific and cannot be more than five business days prior to of filing.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signatury of a member or an authorized representative of a member. (In accordance with Section 095.0203 (1) (b), Florida Statutes, the execution of this documer constitutes an affirmation under the penaltics 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.) Sacrater PSter Typed or printed name of signee Filing Fees: \$125.00 Filling Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)	"AMBR" = Authorized Member	
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ARTICLE IV-

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