LIY 000189717

(Re	equestor's Name)	
· (Ac	Idress).	
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(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Nam	ie)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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	Office Use Only	<i>,</i> '



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SECRETARY OF STATE
TALLAHASSEE. FLORIDA

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COVER LETTER

TO:	Registration Division of	n Section Corporations		
SUBJ	ECT: <u>Just Th</u>	ne Sweetest Thing, LLC Name of Lit	mited Liability Company	
		of Organization and fee(s) a	_	
Please	return all corre	espondence concerning this m	natter to the following:	
	Carmen	Turner	Name of Person	
	Just The	Sweetest Thing LLC	Firm/Company	
	3331 <u>Do</u>	nald Avenue	Address	
	Key Wes	st. FL 33040	City/State and Zip Code	
_C	armenTurn@	aol com	d for future annual report notific	ation)
For fu	ther informatio	on concerning this matter, ple	ase call:	
Carm	en Turner	at (305.) 304-1861 .	
		ne of Person		elephone Number
Enclos	ed is a check for	or the following amount:		
□ \$125.0	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)
	<u>Ma</u> i	iling Address	Street/Courier Add	ress

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
Just The Sweetest Thing, 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 o	ffice of the Limited Liability Company is	s:
Principal Office Address:	Mailing Address:	
3331 Donald Avenue Key West, FL 33040	3331 Donald Avenue Key West, FL 33040	
ARTICLE III - Registered Agent, Registered Office, (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration	Registered Agent. You must designate a	m.individual or
The name and the Florida street address of the registered	agent are:	
<u>Carmen Turner</u> Name		
3331 Donald Avenue Florida street address (P.O. Box	(NOT acceptable)	
Key West	FL 33040	
City	Zip	
Having been named as registered agent and to accept se the place designated in this certificate, I hereby accep capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the ob Chap Registered Agent's Signa (CONTINU	t the appointment as registered agent and of all statutes relating to the proper and of ligations of my position as registered agenter 605, F.S., turn (REQUIRED)	d agree to act in this complete performance

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	Carmen Turner
	3331 Donald Avenue
	Key West, Fl. 33040
	1703 77031, 7 2 00070
•	
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(Use attachment if necessary)	
EV: Effective date, if other than the datective date is listed, the date must be sof filing.)	te of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 or
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Signature of a most in the constitutes an affirmation und I am aware that any false info constitutes a third degree felo.	nember or an authorized representative of a member. 505.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are training only as provided for in s.817.155, F.S.) Typed or printed name of signee Filing Fees: Preganization and Designation of Registered Agent
Signature of a me (In accordance with section of constitutes an affirmation und I am aware that any false info constitutes a third degree felo.	nember or an authorized representative of a member. 505.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are trace ormation submitted in a document to the Department of State only as provided for in s.817.155, F.S.) Typed or printed name of signee Filing Fees:

ARTICLE IV-