

L15000068373

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(Address)

(City/State/Zip/Phone #)

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15 MAR 31 PM 4:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

HINKLE

LAW FIRM LLC

hinklaw.com

Reply to East Wichita Office
Justin R. Werner
jwerner@hinklaw.com

March 30, 2015

SENT VIA FED EX

Mr. Ken Detzner
Secretary of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: CRAZY POPS, LLC Formation

Dear Mr. Detzner:

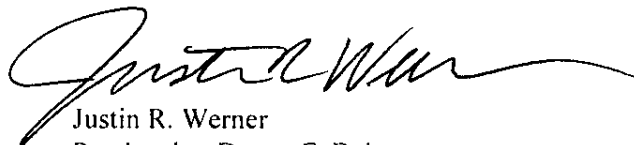
Enclosed for filing in your office is the original signed Articles of Organization of Crazy Pops, LLC. Please accept this document for filing with your office and the \$125 filing fee. After you certify that such document was filed and affix your office's endorsement, please return the certified original Articles as recorded, to my attention.

Should you have any questions, please call me at 316-660-6240.

Your assistance is appreciated.

Sincerely yours,

HINKLE LAW FIRM LLC



Justin R. Werner
Paralegal to Donna F. Bohn

Enclosures

06749-00120
1830557

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CRAZY POPS, 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:

DONNA F. BOHN
Name of Person

HINKLE LAW FIRM LLC
Firm/Company

8621 E. 21st STREET N., SUITE 200
Address

WICHITA, KANSAS 67206
City/State and Zip Code

jwerner@hinklaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JUSTIN R. WERNER at (316) 631-3149
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CRAZY POPS, 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:

Mailing Address:

5050 N. OCEAN DRIVE #1502
RIVIERA BEACH, FLORIDA 33404

5050 N. OCEAN DRIVE #1502
RIVIERA BEACH, FLORIDA 33404

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.)

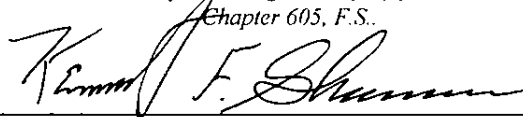
The name and the Florida street address of the registered agent are:

KENNETH F. SHANNON
Name

5050 N. OCEAN DRIVE #1502
Florida street address (P.O. Box **NOT** acceptable)

RIVIERA BEACH FL 33404
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's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

KENNETH F. SHANNON

5050 N. OCEAN DRIVE #1502

RIVIERA BEACH, FLORIDA 33404

MGR

JANET A. SHANNON

5050 N. OCEAN DRIVE #1502

RIVIERA BEACH, FLORIDA 33404

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Donna F. Bohn

Signature of a member or an authorized representative of a member.

(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.)

DONNA F. BOHN

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)