

L15000160249

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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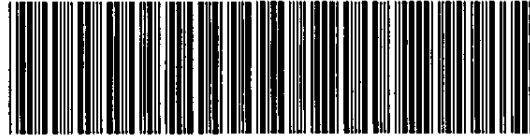
(Business Entity Name)

(Document Number)

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ATTORNEY GENERAL  
WASHINGTON, DC 20540

SEP 22 2015

W PAINTER

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Timothy Jackson

Name of Person

Ants On A Candy Bar, LLC

Firm/Company

713 Gardina Avenue

Address

Ft. Pierce, Florida 34982

City/State and Zip Code

cindy99985@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Timothy Jackson 772 408-7687

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

\$125.00 Filing Fee ☐ \$130.00 Filing Fee ☐ & \$155.00 Filing Fee ☐ & \$160.00 Filing Fee,



Certificate of Status

Certified

Copy

Certificate of Status &

(additional copy is enclosed)

Certified Copy

(additional copy is enclosed)

**Mailing Address**

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

**Street Address**

New Filing 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:

Ants On A Candy Bar, 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:

713 \_\_\_\_\_  
Ave., Ft. \_\_\_\_\_  
34982713 \_\_\_\_\_  
Ave, Ft. Pierce, FL 34982

Gardenia  
Pierce, FL  
Gardenia

**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:

Timothy Jackson

\_\_\_\_\_  
Name

713 Gardenia Ave

\_\_\_\_\_  
Florida street address (P.O. Box **NOT** acceptable)

Ft. Pierce	Florida	34982
City	State	Zip

15 SEP 14 PM 11:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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)

Page 1 of 2

**ARTICLE IV-**

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Timothy Jackson  
713 Gardenia Avenue  
Ft. Pierce, FL 34982

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing:  
2015 (OPTIONAL)

(If an effective date is listed, the date must be specific  
cannot be more than five business days prior to or 90  
the date of filing.)

**Note:** If the date inserted in this block does not meet the  
statutory filing requirements, this date will not be listed as  
document's effective date on the Department of State's

August 1,

and  
days after

applicable  
the  
records.

ARTICLE VI: Other provisions, if any.

**REQUIRED SIGNATURE:**



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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
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.

Timothy Jackson

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)

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SECRETARY OF STATE  
FILING