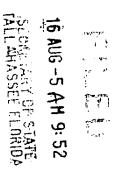
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Certified Copies	_ Certificates	of Status
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Special Instructions to	Filing Officer:	
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Office Use Only

me 8/15/16

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: SWEET VIA-QUE BLUCH (C) 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:
Heather Sheaver
SWEET VINTAGE Bruch
229 MORACHER DVIVE
GUIF BYEEZE, FC 32561
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)}
Mailing Address New Filing Section New Filing Section

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

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:			
Sweet Vintage Beach UC			
(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:			
229 NOMECLIFFE Dr.			
OUF BYEE U, HE 32501 -			

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

Name

Name

Not the property of the prope

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 agences provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

to manage and control the Limited Liability Company:
Name and Address:
GR Huther Shearer Suit Breeze, FE 32561

e: (OPTIONAL) nd cannot be more than five business days prior to or 90 days after
applicable statutory filing requirements, this date will not be listed a
r's records.
te here
or an authorized representative of a member. ## 60 ccordance with section 605.0203 (1) (b). Florida Statutes.
nation submitted in a document to the Department of State as provided for in s.817.155 F.S.
Mearer = 5
PI Shenrer Si = 1

ARTICLE IV-

S 30.00 Certified Copy (Optional) S 5.00 Certificate of Status (Optional)