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L16000209480
Florida Department of State
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To:
Division of Corporations
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From:
Account Name : STONE AND GERKEN, P.A.
Account Number : I20090000097
Phone : (352)357-0330
Fax Number : (352)357-2474

16 NOV 16 AM 8:58

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Cindie.StoneandGerken.com

FLORIDA LIMITED LIABILITY CO.

~~Stone & Gerken, LLC~~ SWEET@50, LLC

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$155.00

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NOV 17 2016

T. SCOTT

The mailing address of this limited liability company shall be
36400 Grand Island Oaks Circle, Grand Island, FL 32735.

The initial Registered Agent of this limited liability company shall be **Cindy Thomas**, 36400 Grand Island Oaks Circle, Grand Island, FL 32735.

**ARTICLE V
MANAGEMENT OF THE BUSINESS**

This limited liability company shall be a manager-managed company. The initial manager shall be **Cindy Thomas** whose address is 36400 Grand Island Oaks Circle, Grand Island, FL 32735. Such manager shall continue to manage this limited liability company until a qualified successor is duly elected as provided in the Operating Agreement of the Company, provided that if there is no Operating Agreement, qualification and election shall be controlled by the default provisions of the Revised Limited Liability Company Act or its successor.

**ARTICLE VI
PROPERTY**

Real or personal property originally brought into or transferred to the Company, or acquired by the Company by purchase or otherwise, shall be held and owned, and conveyance shall be made, in the name of this limited liability company.

**ARTICLE VII
AMENDMENTS**

These Articles, except for the vested rights of the members, may be amended from time to time by two-thirds (2/3) majority-in-interest of the members and the amendments shall be filed with the Florida Department of State.

IN WITNESS WHEREOF, the parties hereto have executed these Articles of Organization on this 9th day of November, 2016.

Cindy Thomas
Cindy Thomas
Member or Authorized Representative

STATE OF FLORIDA
COUNTY OF LAKE

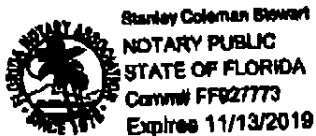
I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, personally appeared Cindy Thomas, who is personally known to me, and who executed the foregoing instrument and she acknowledged before me that she executed the same in her capacity as a Member or Authorized Representative.

WITNESS my hand and official seal in the County and State last aforesaid this 9th day of November, 2016.

Stanley C. Stewart
NOTARY PUBLIC

Stanley C. Stewart
Notary Public Printed Name

My Commission Expires:



**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE
FOR SERVICE OF PROCESS WITHIN THIS STATE,
NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.**

In pursuance of Section 605.0113, Florida Statutes, the following
is submitted, in compliance with said Act:

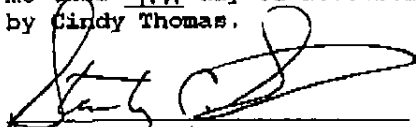
First - that SWEET@50, LLC, desiring to organize under the laws
of the State of Florida with its principal office, as indicated in the
Articles of Organization, at 36400 Grand Island Oaks Circle, Grand
Island, FL 32735, has named Cindy Thomas, of 36400 Grand Island Oaks
Circle, Grand Island, FL 32735, as its agent to accept service of
process within this State.

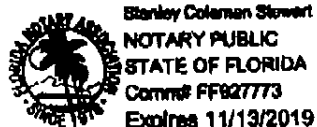
ACKNOWLEDGEMENT

Having been named to accept service of process for the above
stated Company, at the place designated in this certificate, I hereby
accept to act in this capacity, and agree to comply with the
provisions of said Act relative to keeping open said offices.

Cindy Thomas
Cindy Thomas, Registered Agent

Sworn to and subscribed before
me this 9th day of November, 2016
by Cindy Thomas.


NOTARY PUBLIC



My Commission Expires: