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C. GOLDEN

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INC.

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236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

LI	CERTIFIED COPY	
X	РНОТОСОРУ	
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À	FILING LLC	
l . _	Vnique Sweets Supply LLC (CORPORATE NAME AND DOCUMENT #)	
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPÂNY DEC 13 PM 2: 22

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
Unique Sweets Supply LLC	
(Must end with the words "I	Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
109 Half Moon Circle, Apt #A Jupiter, FL 33458	109 Half Moon Circle, Apt #A Jupiter, FL 33458
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as another business entity with an active Florida reg	its own Registered Agent. You must designate an individual or
The name and the Florida street address of the reg	gistered agent are:
Registered Agents	Inc
	Name
2020 N. Danier Dai	-1 D. Ot. 4504
3030 N. Rocky Poil	O. Box NOT acceptable)
i fortua su ect address (1.	.O. Dox [NOT acceptable)
Tampa	FL 33607
City	Zip
the place designated in this certificate, I hereby capacity. I further agree to comply with the proof of my duties, and I am familiar with and accept	except service of process for the above stated limited iiability company at a superior of process for the above stated limited iiability company at a superior of the appointment as registered agent and agree to act in this visions of all statutes relating to the proper and complete performance at the obligations of my position as registered agent as provided for in Chapter 605, F.S

(CONTINUED)
Page 1 of 2

1 2 2 4 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Name and Address:
'AMBR" = Authorized Member 'MGR" = Manager	
AMBR	Xolisile Medina
	109 Half Moon Circle, Apt., #A
	Jupiter, FL 33458

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ctive date is listed, the date must be	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 9
EV: Effective date, if other than the d	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 94
EV: Effective date, if other than the detive date is listed, the date must be filling.)	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 94
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EV: Effective date, if other than the dective date is listed, the date must be filing.) EVI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation I am aware that any false)	member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document in under the penalties of perjury that the facts stated herein are true.
EV: Effective date, if other than the dective date is listed, the date must be filling.) EVI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation I am aware that any false)	member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document nunder the penalties of perjury that the facts stated herein are true.
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EV: Effective date, if other than the dective date is listed, the date must be filing.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation I am aware that any false constitutes a third degree.	member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document in under the penalties of perjury that the facts stated herein are true. In information submitted in a document to the Department of State is felony as provided for in s.817.155, F.S.)

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