Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LEGALZOOM.COM INC.

Account Number : 120010000062 Phone : (323) 962-8600 : (323)962-3889 Fax Number

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

Email Address:

FLORIDA LIMITED LIABILITY CO.

Candy Factory USA, LLC

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$155.00

N. SAMS

FEB 23 2017

Electronic Filing Menu Corporate Filing Menu

Help

COVER LETTER

TO: Rep	gistration Section vision of Corporations
OUD INCOM	Candy Factory USA, LLC
SUBJECT:	Name of Limited Liability Company
	d Articles of Organization and fee(s) are submitted for filing. n all correspondence concerning this matter to the following:
	Cheyenne Moseley, Legalzoom.com, Inc.
	Name of Person
	Legalzoom.com, Inc.
	Firm/Company
	101 N. Brand Blvd., 10th Floor
	Address
	Glendale, CA 91203
	City/State and Zip Code
•	onlinefilings@Legalzoom.com
_	E-mail address: (to be used for future annual report notification)
For further is	nformation concerning this matter, please call:
	Cheyenne Moseley 323 962-8600 ext. 7625
	Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
\$125.00 Fi	ling Fee S130.00 Filing Fee & S160.00 Filing Fee, Certificate of Status (additional copy is enclosed) S160.00 Filing Fee, Certificate of Status & 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



TO WHOM IT MAY CONCERN

February 20th, 2017

I, Agnieszka Pielaszek-Hunter, hereby release my name Candy Factory USA INC. to Legal Zoom and give them full authorization to file the entity Candy Factory USA LLC on my behalf, as I will not be reinstating the dissolved business and have no intention of revoking dissolution.

Sincerely,

Agnieszka Pielaszek-Hunter

STATE OF FLORIDA COUNTY OF PINELLAS

The foregoing instrument was acknowledged before me this sectors of the sectors and 20-16

or Cecli A Down

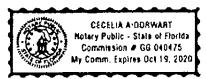
lia A Dorwar

Notary Public State of Florida

STATE OF PLORIDA

The foregoing instrument was acknowledged

The for





ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Candy Factory U	SA, LLC		
(Must e	nd with the words "Limited I	Liability Company, "	'L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and stree	et address of the principal off	fice of the Limited L	iability Company is:
<u>Prin</u>	cipal Office Address:		Mailing Address:
7649 Caponata B	lvd.		- 444
Seminolc, FL 33. RTICLE III - Registered The Limited Liability Comp	Agent, Registered Office, &	Registered Agent, Yo	's Signature: ou must designate an individ
Seminole, FL 33. ARTICLE III - Registered The Limited Liability Companother business entity with	777 Agent, Registered Office, &	Registered Agent. Yo	's Signature: ou must designate an individ
Seminole, FL 33. ARTICLE III - Registered The Limited Liability Companother business entity with	Agent, Registered Office, & any cannot serve as its own I an active Florida registration	Registered Agent, Young, agent are: ation Agents, Inc.	's Signature: ou must designate an individ
Seminole, FL 33. ARTICLE III - Registered The Limited Liability Companother business entity with	Agent, Registered Office, & any cannot serve as its own I an active Florida registration eet address of the registered	Registered Agent, You	's Signature: ou must designate an individ
Seminole, FL 33. ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, & any cannot serve as its own I an active Florida registration eet address of the registered United States Corpora	Registered Agent. Your, agent are: ation Agents, Inc. Name	's Signature: ou must designate an individ
Seminole, FL 33. ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, & any cannot serve as its own I an active Florida registration eet address of the registered	Registered Agent, You agent are: ation Agents, Inc. Name Court, Suite A	ou must designate an individ
Seminole, FL 33. ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, & any cannot serve as its own I an active Florida registration eet address of the registered United States Corpora	Registered Agent, You agent are: ation Agents, Inc. Name Court, Suite A	ou must designate an individ

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)

Cheyer no Mosercy, United States Corporation Agents, Inc.

(CONTINUED)

Page 1 of 2

"AMBR" = Authorized Member "MGR" = Manager AMBR Agnieszka Pielaszck-Hunter 7649 Caponata Blvd. Seminole, FL 33777 (Use attachment if necessary)	MGR" = Manager \MBR
Agnieszka Pielaszek-Hunter 7649 Caponata Blvd. Seminole, FL 33777	AMBR Agnieszka Pielaszek-Hunter 7649 Caponata Blvd.
7649 Caponata Blvd. Seminole, FL 33777	7649 Caponata Blvd.
Seminole, PL 33777	Seminole, IFL 33777
(Use attachment if necessary)	
iment's effective date on the Department of State's records. LE VI: Other provisions, if any.	•
	REQUIRED SIGNATURE:
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.
Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b). Florida State I am aware that any faise information submitted in a document to the Department of State I am aware that any faise information submitted in a document to the Department of State I am aware that any faise information submitted in a document to the Department of State I am aware that any faise information submitted in a document to the Department of State I am aware that any faise information submitted in a document to the Department of State I am aware that any faise information submitted in a document to the Department of State I am aware that any faise information submitted in a document to the Department of State I am aware that any faise information submitted in a document to the Department of State I am aware that any faise information submitted in a document to the Department of State I am aware that any faise information submitted in a document to the Department of State I am aware that any faise information submitted in a document to the Department of State I am aware that any faise information submitted in a document to the Department of State I am aware that a submitted in a document to the Department of State I am aware that a submitted in a document of State I am aware that a submitted in a document of State I am aware that a submitted in a document of State I am aware that a submitted in a document of State I am a submitted in a submi	Chevenne Moseley, Legalzoom.com, Inc.
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