L/700005250/

(Re	questor's Name)	
. (Ad	dress)	
(Ad	dress)	·
(Cit	y/State/Zip/Phone	÷#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		:

Office Use Only



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FURE LARY OF STATE
TO AHASSEE, FLORID

EFFECTIVE DATE 03/01/17

× 03/10/17

COVER LETTER

		WEETS BY TI		
The enclosed A	Name of I		HAIS, LLC	
		imited Liability	Company	
Please return al	rticles of Organization and fee(s)	are submitted fo	or filing.	
	correspondence concerning this	matter to the fol	lowing:	
		THAIS MI	LIAN	
		Name of P	erson	
	DI	VINE SWEETS	BY THAIS	
		Firm/Com	pany	<u> </u>
	3050	SHERWOOD F	OREST BLVD	
		Addres	s	
	GRI	EENACRES, FL	ORIDA 33463	
	TUA	City/State and ISMILIAN@G	•	·
	E-mail address: (to be us			
For further inforr	nation concerning this matter, ple		·	,
	THAIS MILIAN	561	632-3290	
	Name of Person	Area Code	Daytime Telephone	Number
Enclosed is a ch	eck for the following amount:			
\$125.00 Filing	Fee \$130.00 Filing Fee & Certificate of Status	LlCertified	Filing Fee & Copy copy is enclosed)	\$160.00 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	N D C	treet Address ew Filing Section ivision of Corporatio lifton Building 561 Executive Center	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(1)		EETS BY THAIS, I		
(Must contain t	he words "Limited Lia	ibility Company, "L	L.C.," or "LLC.")	
ARTICLE II - Address:				
The mailing address and street address	ss of the principal offi	ce of the Limited Li	ability Company is:	
Principal Office Address:			Mailing Address:	
3050 SHERWOOD FOREST BLVD		304	3050 SHERWOOD FOREST BLVD	
GREENACRES, FLORIDA 33463			<u> </u>	
ARTICLE III - Registered Agent, I	Registered Office, & not serve as its own Re	GI Registered Agent' egistered Agent. Yo	REENACRES, FLORIDA 33463 s Signature:	
ARTICLE III - Registered Agent, I (The Limited Liability Company can another business entity with an active	Registered Office, & not serve as its own Re e Florida registration.	GI Registered Agent' cgistered Agent. Yo	REENACRES, FLORIDA 33463 s Signature:	
ARTICLE III - Registered Agent, I (The Limited Liability Company can another business entity with an active	Registered Office, & not serve as its own Re e Florida registration.)	GI Registered Agent' cgistered Agent. Yo	REENACRES, FLORIDA 33463 s Signature:	
ARTICLE III - Registered Agent, I (The Limited Liability Company can another business entity with an active	Registered Office, & not serve as its own Re e Florida registration.) ress of the registered at	GI Registered Agent' egistered Agent. You	REENACRES, FLORIDA 33463 s Signature:	
ARTICLE III - Registered Agent, I (The Limited Liability Company can another business entity with an active	Registered Office, & not serve as its own Re e Florida registration.) ress of the registered at T	GI Registered Agent? cgistered Agent. You gent are: THAIS MILIAN	s Signature: u must designate an individual or	
ARTICLE III - Registered Agent, I (The Limited Liability Company cam another business entity with an active The name and the Florida street addre	Registered Office, & not serve as its own Re e Florida registration.) ress of the registered at T	Gi Registered Agent' egistered Agent. Yo gent are: CHAIS MILIAN Name	s Signature: u must designate an individual or	
ARTICLE III - Registered Agent, I (The Limited Liability Company can) another business entity with an active The name and the Florida street addre	Registered Office, & not serve as its own Ree Florida registration.) ress of the registered at T	Gi Registered Agent' egistered Agent. Yo gent are: CHAIS MILIAN Name	s Signature: u must designate an individual or	

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)

MAR -8 PH 12:

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Title: "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager			
PRESIDENT	THAIS MILIAN		
	3050 SHERWOOD FOREST BLVD		
	GREENACRES, FLORIDA 33463		
(Use attachment if necessary)			
EV: Effective date, if other than the date of filing:			
ective date is listed, the date must be specific and of filing.)	I cannot be more than five business days prior to or 90 da		
	pplicable statutory filing requirements, this date will not be records.		
EVI: Other provisions, if any.			

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.

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)

REOUIRED SIGNATURE:

EURE LARY OF STATE

7AK -8 PM 12: 2