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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 : POWELL, JACKMAN, STEVENS & RICCIARDI, P.A.

Account Number : I20170000034 Phone : (239)689-1096

Fax Number : (239)791-8132

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

Email Address: Legal QUOUS- adiocates, or co

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information services

FLORIDA LIMITED LIABILITY CO. SWEET MAILIN, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO:	New Filing Section Division of Corporations
	SWEET MAILIN, LLC
SUBJI	Name of Limited Liability Company
The en	nclosed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	RITA JACKMAN
	Name of Person
	Firm/Company
	4575 VIA ROYALE STE 200
	Address
	FORT MYERS, FL 33919
	City/State and Zip Code LEGAL@YOUR-ADVOCATES.ORG
	E-mail address: (to be used for future annual report notification)
For furt	her information concerning this matter, please call:
	RITA JACKMAN 239 689-1096 at ()
	Name of Person Area Code Daytime Telephone Number
Enclos	sed is a check for the following amount:
S 125.0	00 Filing Fee \$130.00 Filing Fee & S160.00 Filing Fee, Certificate of Status (additional copy is enclosed) S160.00 Filing Fee, Certificate of Status & Certificate of Status
	Mailing Address Street Address New Filing Section New Filing Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle
	Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

SWEET MAILIN, LLC		· 	<u> </u>	
(Must contain	n the words "Limited I	Liability Company,	"L.L.C.," or "LLC.")	
TICLE II - Address: e mailing address and street add	tress of the principal of	ffice of the Limited	Liability Company is:	
Principal	Office Address:		Mailing Address:	
2302 SW 39TH TER		2302	SW 39TH TER	
CAPE CORAL, FL 339	914		TO CORAL ET 22014	
TICLE III - Registered Agen to Limited Liability Company or	t, Registered Office, o	& Registered Ages Registered Agent.	re CORAL, FL 33914 or's Signature: You must designate an individual or to the signature of	_ _ a
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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.

(CONTINUED)

Registered Agent's Signature (REQUIRED)

ARTICLE IV-

REOHIRED 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 Statics. 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.	Title:		Name and Address:	
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