L110001111143

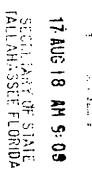
| (Requestor's Name) |
|---|
| |
| (Address) |
| |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
| |
| Special Instructions to Filing Officer: |
| |
| |
| |
| |
| |
| |
| |





500302704045

08/18/17--01019--010 **125.00





2703 Jones Franklin Road, Suite 205 Cary, North Carolina 27518 Fel. (888) 892-3040 Fax (270) 477-4574 TTCBusinessSolutions.com

August 16, 2017

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: SWEET DELUX LLC
Articles of Organization

Dear Sir or Madam:

Enclosed please find Articles of Organization for the Limited Liability Company for SWEET DELUX LLC as well as a check in the amount of \$125.00 for the filing fee associated with this filing.

Thank you for your time and attention to this matter. Please call if you have any questions on the same.

Very truly yours,

TTC Business Solutions

Enclosures: as stated

COVER LETTER

| то: | New Filing Section Division of Corporations | |
|------------|---|---|
| SUBJEC | Sweet Delux | |
| 3003170 | | Liability Company |
| The encl | closed Articles of Organization and fee(s) are sub- | nitted for filing. |
| Please re | return all correspondence concerning this matter to | o the following: |
| | Gwendolyn Council | |
| | Na | me of Person |
| | Sweet Delux LLC | |
| | Fi | rm/Company |
| | 7910 Westport Bay Court | |
| | | Address |
| | Jacksonville, FL 32244 | |
| | City/St gwendolyncouncil1@gmail.com | ate and Zip Code |
| | E-mail address: (to be used for fi | sture annual report notification) |
| For furthe | ner information concerning this matter, please call | |
| | Gwendolyn Council 210 | 428-5586 |
| | | ode Daytime Telephone Number |
| Enclosed | ed is a check for the following amount: | |
| | 00 Filing Fee \$\int \text{S130.00 Filing Fee & Certificate of Status} | \$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy ditional copy is enclosed) Certified Copy (additional copy is enclosed) |
| | Mailing Address New Filing Section Division of Corporations P.O. Box 6327 | Street Address New Filing Section Division of Corporations Clifton Building |

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICI | ESOF ORGANIZATION FOR | FLORIDATANII | EDIJABILITY COMPANY | |
|--|---|-------------------------------|---|-------------------|
| ARTICLE I - Name: The name of the Limited I | iability Company is: | | | |
| Sweet Delux I (Mu: | LC st contain the words "Limited | Liability Compa | ny. "L.L.C" or "LLC.") | |
| ARTICLE II - Address: The mailing address and s | treet address of the principal (| office of the Limi | ted Liability Company is: | |
| <u>P</u> | rincipal Office Address: | | Mailing Addre | <u>ss</u> : |
| 7910 Westport Jacksonville, F | | | 910 Westport Bay Court acksonville, FL 32244 | |
| (The Limited Liability Co. | ed Agent, Registered Office, mpany cannot serve as its own ith an active Florida registration | n Registered Age | gent's Signature: nt. You must designate an indi | ividual or |
| The name and the Florida | street address of the registere | d agent are: | | TA: |
| | Gwendolyn Council | | | ECECI ECECI |
| | | Name | | - 왕인 6 |
| | 7910 Westport Bay | Court | | MC JANY AHASSE |
| | Florida street addres | ss (P.O. Box <u>NO</u> | T acceptable) | mon ₹ |
| | Jacksonville | FL | 32244 | [S] . |

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..

State

Zip

City

Council Registered Agent's Signature (REQUIRED)

(CONTINUED)

| Title: | Name and Address: | |
|--|--|----------|
| "AMBR" = Authorized Member | | |
| "MGR" = Manager | Gwendolyn Council | |
| MGR | 7910 Westport Bay Court | - |
| | Jacksonville, FL 32244 | - |
| | | |
| | | |
| | | 7 |
| | <u>ि</u> ७२° | |
| | <u> </u> | <u>5</u> |
| | | <u>—</u> |
| | S | |
| | | 至 |
| | | ص. |
| | - | a |
| | | · 😘 |
| (Llea attachment if nagaroom) | | |
| (Use attachment if necessary) CLE V: Effective date, if other than the date of filing | g: | |
| CLE V: Effective date, if other than the date of filing effective date is listed, the date must be specific ar | g: | 0 days |
| CLE V: Effective date, if other than the date of filing effective date is listed, the date must be specific arte of filing.) | nd cannot be more than five business days prior to or 9 | • |
| CLE V: Effective date, if other than the date of filing effective date is listed, the date must be specific artle of filing.) If the date inserted in this block does not meet the | nd cannot be more than five business days prior to or 9 applicable statutory filing requirements, this date will no | • |
| CLE V: Effective date, if other than the date of filing effective date is listed, the date must be specific arte of filing.) | nd cannot be more than five business days prior to or 9 applicable statutory filing requirements, this date will no | • |
| CLE V: Effective date, if other than the date of filing effective date is listed, the date must be specific arte of filing.) If the date inserted in this block does not meet the | nd cannot be more than five business days prior to or 9 applicable statutory filing requirements, this date will no | • |
| CLE V: Effective date, if other than the date of filing effective date is listed, the date must be specific and the of filing.) If the date inserted in this block does not meet the cument's effective date on the Department of State | nd cannot be more than five business days prior to or 9 applicable statutory filing requirements, this date will no | • |
| CLE V: Effective date, if other than the date of filing effective date is listed, the date must be specific arte of filing.) If the date inserted in this block does not meet the cument's effective date on the Department of State | nd cannot be more than five business days prior to or 9 applicable statutory filing requirements, this date will no | • |
| CLE V: Effective date, if other than the date of filing effective date is listed, the date must be specific and the of filing.) If the date inserted in this block does not meet the cument's effective date on the Department of State | nd cannot be more than five business days prior to or 9 applicable statutory filing requirements, this date will no | • |
| CLE V: Effective date, if other than the date of filing effective date is listed, the date must be specific arte of filing.) If the date inserted in this block does not meet the cument's effective date on the Department of State CLE VI: Other provisions, if any. | nd cannot be more than five business days prior to or 9 applicable statutory filing requirements, this date will no | • |
| CLE V: Effective date, if other than the date of filing effective date is listed, the date must be specific and the of filing.) If the date inserted in this block does not meet the cument's effective date on the Department of State CLE VI: Other provisions, if any. REQUIRED STONGER PARE: | nd cannot be more than five business days prior to or 9 applicable statutory filing requirements, this date will no | • |
| CLE V: Effective date, if other than the date of filing effective date is listed, the date must be specific artic of filing.) If the date inserted in this block does not meet the cument's effective date on the Department of State CLE VI: Other provisions, if any. REQUIRED STONGER OF THE: | nd cannot be more than five business days prior to or 9 applicable statutory filing requirements, this date will now seconds. | • |
| CLE V: Effective date, if other than the date of filing effective date is listed, the date must be specific arte of filing.) If the date inserted in this block does not meet the cument's effective date on the Department of State CLE VI: Other provisions, if any. REQUIRED STONGER PROPER : Signature of a member of signature o | applicable statutory filing requirements, this date will not be records. | ot be li |
| CLE V: Effective date, if other than the date of filing effective date is listed, the date must be specific arte of filing.) If the date inserted in this block does not meet the cument's effective date on the Department of State CLE VI: Other provisions, if any. REQUIRED STONGER RESIDENCE Signature of a member of This document is executed in accomment is executed in accomment. | applicable statutory filing requirements, this date will not be records. To an authorized representative of a member, ecordance with section 605.0203 (1) (b), Florida Statutes | ot be li |
| CLE V: Effective date, if other than the date of filing effective date is listed, the date must be specific are of filing.) If the date inserted in this block does not meet the cument's effective date on the Department of State CLE VI: Other provisions, if any. REQUIRED STONGER STONG | applicable statutory filing requirements, this date will not be records. The applicable statutory filing requirements, this date will not be records. The applicable statutory filing requirements, this date will not be records. The applicable statutory filing requirements, this date will not be records. | ot be li |
| CLE V: Effective date, if other than the date of filing effective date is listed, the date must be specific artie of filing.) If the date inserted in this block does not meet the cument's effective date on the Department of State CLE VI: Other provisions, if any. REQUIRED STONE FORE: Signature of a member of This document is executed in act any ware that any false inform | applicable statutory filing requirements, this date will not be records. To an authorized representative of a member, ecordance with section 605.0203 (1) (b), Florida Statutes | ot be li |

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)