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COVER LETTER

	New Filing Section Division of Corporations			
SUBJECT	Candy For All, LLC			
SOBJEC		of Limited Liabil	lity Company	·
The enclo	sed Articles of Organization and fe	e(s) are submitted	l for filing.	
Please reti	urn all correspondence concerning	this matter to the	following:	
	Michael Katzer			
		Name of	Person	
	7215 Oak Lasfaw	Firn√Co	ompany	
	7315 Oak Leaf Way	Addr	ress	
	Sarasota, FL	, , , , ,		
	34241	City/State an	d Zip Code	
	E-mail address: (to be	e used for future a	annual report notificat	ion)
For further i	information concerning this matter,			
	Michael Katzer	518 at (221-5016	
	Name of Person	Area Code	Daytime Telephor	e Number
Enclosed i	s a check for the following amount	:		
\$125.00 F	iling Fee S130.00 Filing Fee Certificate of Stat	us LLCertifi	00 Filing Fee & [ed Copy al copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address		Street Address	

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability C	Company is:		
Candy For All, LLC	the concerds of her level	Linkility Comp	any, "L.L.C.," or "LLC.")
(Must contain	the words Limited	Liability Comp	mly, E.E.C., of GLC.
ARTICLE II - Address: The mailing address and street addr	ess of the principal c	office of the Lin	nited Liability Company is:
<u>Principal (</u>	Office Address:		Mailing Address:
7315 Oak Leaf Way			7315 Oak Leaf Way
Sarasota, FL 34241			Sarasota, FL 34241
another business entity with an acti	ve Florida registration	on.)	ent. You must designate an individual or
	Michael Katzer		
•	···	Name	
_	7315 Oak Leaf Way		
	Florida street addre	ss (P.O. Box <u>N</u> C	<u>) T</u> acceptable)
_	Sarasota	FL	34241
	City	State	Zip
			w do ahove stated limited liability compan

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)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:		Name and Address:	
	uthorized Member		
"MGR" = Ma	nager		
AMBR		Michael Katzer	
		7315 Oak Leat Way	
		Sarasota, FL 34241	
AMBR		Jordan Blair	
711717		4312 S 2nd St.	
		Louisville, KY 40213	
			
(Use attachme	nt if necessary)		
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effective date is I e of filing.) If the date insert cument's effectiv	isted, the date must be spe red in this block does not not re date on the Department of	ecific and cannot be more than five business days pr neet the applicable statutory filing requirements, this d	ior to or 90 days a
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