

**L 20000024592**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H20000014563 3)))



H200000145633ABCV

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.** Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : BOND, SCHOENECK & KING, PLLC  
Account Number : 120010000122  
Phone : (239)659-3800  
Fax Number : (239)649-3410

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

Email Address: maxgoodacre@yahoo.com

**FLORIDA LIMITED LIABILITY CO.**

~~Sweet B, LLC~~ Sweet + Bees, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

2020 JAN 28 AM 9:00  
2020 JAN 28 AM 8:36  
SECRETARY OF STATE  
TALLAHASSEE, FL  
REGISTRAR

**FILED**  
**RECEIVED**

*[Handwritten signature]*

1/23/2020 10:29:11 AM PAGE 1/001 Fax Server



January 23, 2020

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

BOND SCHOENECK

SUBJECT: SWEET B LLC  
REF: W20000005253

Revising name to:  
Sweet Bees, LLC

We have received your document for SWEET B LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity listed on the fax cover sheet and the name of the entity listed in the document must be identical. Please amend the document or the fax cover sheet accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Keyna E Page  
Regulatory Specialist II

FAX Aud. #: H20000014563  
Letter Number: 120A00001626

1-28-2020

Re-submitting to correct name on cover sheet.  
Thank you.

850-617-6381

1/15/2020 11:56:28 AM PAGE 1/001 Fax Server



January 15, 2020

FLORIDA DEPARTMENT OF STATE

Division of Corporations

BOND, SCHOENECK & KING, PLLC

SUBJECT: SWEET B, LLC  
REF: W20000003259

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

L13000011576-SWEET B'S, LLC,

Revised to  
Sweet Bees, LLC

If you have any further questions concerning your document, please call (850) 245-6052.

Tyrone Scott  
Regulatory Specialist II  
New Filings Section

FAX Aud. #: H20000014563  
Letter Number: 020A00001123

(((H20000014563 3)))

## COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: ~~Sweet B, LLC~~ Sweet Bees, LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Maxwell D.F. Goodacre and Jennifer A. Goodacre

Name of Person

Firm/Company

860 19th Street SW

Address

Naples, FL 34117

City/State and Zip Code

maxgoodacre@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maxwell D.F. Goodacre      239      200-2596  
Name of Person      at (      )      Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee      ☒ \$130.00 Filing Fee & Certificate of Status      ☐ \$155.00 Filing Fee & Certified Copy (additional 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

Street Address  
New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

SECRETARY OF STATE  
TALLAHASSEE, FL

2020 JAN 28 AM 9:03

FILED

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(((H20000014563 3)))

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

~~Sweet Bees, LLC~~ Sweet Bees, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:860 19th Street SW  
Naples, FL 34117Mailing Address:860 19th Street SW  
Naples, FL 34117

## ARTICLE III - Registered Agent, Registered Office, &amp; Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Maxwell D.F. Goodacre

Name

860 19th Street SWFlorida street address (P.O. Box **NOT** acceptable)NaplesFL34117

City

State

Zip

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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TALLAHASSEE, FL

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

AMBR \_\_\_\_\_

Maxwell D.F. Goodacre  
860 19th Street SW  
Naples, FL 34117

AMBR \_\_\_\_\_

Jennifer A. Goodacre  
860 19th Street SW  
Naples, FL 34117

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.**ARTICLE VI:** Other provisions, if any.**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.

Maxwell D.F. Goodacre Jennifer A. Goodacre

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)

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SECRETARY OF STATE  
TALLAHASSEE, FL

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