Division of Corporations Electronic Filing Cover Sheet

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To:

15168822966

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : HUBCO

Account Number : 104662003400 Phone : (516) 935-3940

: (516)935-3088 Fax Number

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

Email Address: vicwing@optonline.net

FLORIDA LIMITED LIABILITY CO. SWEET CRAVINGS CAFE LLC

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

SWEET CRAVINGS CAFE LLC

(Must end with 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:

Mailing Address:

107 NOTTINGHAM RD

ROYAL PALM BEACH, FL 33411

107 NOTTINGHAM RD ROYAL PALM BEACH, FL 33411

ARTICLE III - Registered Agent, Registered Office, & 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:

JANA D'AGOSTINO

Name

107 NOTTINGHAM RD

Florida street address (P.O. Box NOT acceptable)

ROYAL PALM BEACH

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 Agents Signature (REQUIRED)

JANA D'AGOSTINO

(CONTINUED) -

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<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGR = Manager	JANA D'AGOSTINO
	107 NOTTINGHAM RD
	ROYAL PALM BEACH, FL 33411
EV: Effective date, if other than the ctive date is listed, the date must	ne date of filing:
EV: Effective date, if other than the ctive date is listed, the date must of filing.)	ne date of filing:
ective date is listed, the date must of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	the date of filing:
E V: Effective date, if other than the ctive date is listed, the date must f filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of the constitutes an affirmation aware that any file.	ne date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90
E V: Effective date, if other than the ctive date is listed, the date must f filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of the constitutes an affirmation aware that any file.	de date of filing:
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