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(Requestor's Name)						
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PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status	_					
Special Instructions to Filing Officer:						





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COVER LETTER

TO:

New Filing Section

Div	vision of Co	rporations				
SUBJECT:		PS + SWEETS, LLO	C			
		Name	of Limited Lial	oility Company		
The enclose	d Articles of	Organization and fe	e(s) are submitt	ed for filing.		
Please return	n all correspo	ondence concerning	this matter to th	e following:		
	КАҮЕ НҮГ	DE				
-	· 		Name	of Person		
	SMITH THO	OMPSON SHAW				
-			Firm/	Company		
	3520 THOM	IASVILLE ROAD,	4TH FLOOR	J.K.	eturn To:	
		 	Ad	dress		
	TALLAHAS	SSEE, FL 32309				
k	ayeh@stslav	v.com	City/State	and Zip Code		
_		E-mail address: (to b	e used for futur	e annual report notificat	tion)	
For further in	formation co	ncerning this matter	please call:			
Kaye Hyde		850 at (893-4105			
_	Nam	e of Person	Area Code	Daytime Telephor	ne Number	
Enclosed is	a check for t	he following amount	:			
≣\$125.00 I	Filing Fee	□\$130.00 Filing Certificate of Sta	tus Cert	155.00 Filing Fee & ified Copy onal copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
		g Address		Street Address		
New Filing Section Division of Corporations				New Filing Section Division The Centre of Tallahassee		
P.O. Box 6327				2415 N. Monroe Street, Suite 810		
Tallahassee, FL 32314				Tallahassee, FL 32303		

ARTICLES OF ORGANIZATION OF TALLY SIPS + SWEETS, LLC

Company under the laws of the State of Florida do set forth the following:

The undersigned, pursuant to the provisions of Chapter 605 of the Florida Statutes (the "Florida Revised Limited Liability Company Act"), for the purpose of forming a Limited Liability

1. **NAME.**

The name of the Limited Liability Company is **TALLY SIPS + SWEETS**, **LLC** (hereinafter referred to as the "Company").

2. PERIOD OF DURATION.

The period of duration of the Company shall be perpetual, unless it is dissolved as provided in the Florida Limited Liability Act or the written Operating Agreement to be executed by all of the Members of the Company.

3. PURPOSE.

To engage in any and all other businesses and activities permitted by the laws of the State of Florida. The Company shall have all of the powers vested in a limited liability company organized and existing by virtue of such laws.

4. MAILING ADDRESS OF BUSINESS.

The mailing address of the business is 1309 Groveland Hills Drive, Tallahassee, Florida 32317. Such address may be changed from time to time as provided in the Operating Agreement.

5. <u>ADDRESS OF PLACE OF BUSINESS.</u>

The street address of the place of business in Florida for the Company is 1309 Groveland Hills Drive, Tallahassee, Florida 32317. Such address may be changed from time to time as provided in the Operating Agreement.

The initial registered agent in Florida for the Company is: KAYE C. HYDE located at 3622 Octeon Drive, Tallahassee, FL 32312.

7. MANAGEMENT.

The names and addresses of the managers of the Limited Liability Company are:

Heather Thompson 1309 Groveland Hills Drive Tallahassee, FL 32317

Jeffrey Thompson 1309 Groveland Hills Drive Tallahassee, FL 32317

Kaye C. Hyde 3622 Ocleon Drive Tallahassee, FL 32312

Joseph M. Hyde, Sr. 3622 Ocleon Drive Tallahassee, FL 32312

DATED this 21 day of April, 2020.

Page 2 of 3

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT WITH WHOM PROCESS MAY BE SERVED.

Pursuant to the provisions of Section 605 Florida Statutes, the undersigned Limited Liability Company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

- 1. The name of the limited liability company is **TALLY SIPS + SWEETS, LLC.**
- 2. The name of the registered agent and office is: **KAYE C. HYDE** at 3622 Ocleon Drive, Tallahassee, FL 32312.

ACKNOWLEDGEMENT

Having been named to accept service of process for the above limited liability company, at the place designated in this certificate, I hereby accept to act in this capacity and agree to comply with the provision of said Act relative to being available at said location.

KAYE C. HYDE, Registered Agent