No. 0585 P. 1

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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: (850)617-6381

From:

Account Name : RABIDEAU KLEIN
Account Number : I20200000035
Phone : (561)655-6221
Fax Number : (561)655-3221

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

FLORIDA LIMITED LIABILITY CO.

ATLANTA SUGAR CAPITAL, LLC

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$160.00

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COVER LETTER

	lew Filing Sec Sivision of Cor				
SUBJECT		SUGAR CAPITA			•
	• • • • • • • • • • • • • • • • • • • •	Nam	e of Limited Li	ability Company	
The enclos	sed Articles of	Organization and i	ice(s) are submi	itted for filing.	
Please reta	um all correspo	ondence concerning	g this matter to	the following:	
	GUY RABI	DEAU			
			Nam	e of Person	
	RABIDEAU	KLEIN			
			Firn	n/Company	
	440 ROYAI	. PALM WAY, SU	лт е 101		
				Address	
	PALM BEA	.CH, FLORIDA 33	480		
			•	e and Zip Code	
		U@RABIDEAUK			
	1	E-mail address: (to	be used for fut	ure annual report notificat	tion)
For further	information co	ncerning this matte	r, please call:		
	GARRETT I	ELLIS	561 at (655-6221	
	Nam	ne of Person		de Daytime Telephoi	ne Number
Enclosed	is a check for t	he following amou	nt:		
□\$ 125.0	0 Filing Fee	□\$130.00 Filin Certificate of St	tatus Ce	\$155.00 Filing Fee & ertified Copy (tional copy is enclosed)	■\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailir	ng Address		Street Address	
		iling Section		New Filing Section D	
		on of Corporations fox 6327		The Centre of Tallah	
		assec, FL 32314		2415 N. Monroe Stre Tallahassee, FL 3230	-

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compar	ıy is:		
ATLANTA SUGAR CAPITA (Must contain the wo		ompany, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of t	he principal office of the	Limited Liability Company is:	
Principal Office	Address:	Mailing Address:	
440 ROYAL PALM WAY, ST PALM BEACH, FL 33480	ЛТЕ <u>101</u>	440 ROYAL PALM WAY, SUITE 101 PALM BEACH, FL 33480	21 MA
ARTICLE III - Registered Agent, Regis (The Limited Liability Company cannot se another business entity with an active Flor	rve as its own Registered	red Agent's Signature: I Agent. You must designate an individual or	R 10
The name and the Florida street address of	the registered agent are:		7. 22 28
GUY I	RABIDEAU		GG.
	Name		•
440 RG	OYAL PALM WAY, SU	TTE 101	
Florid	a street address (P.O. Bo	x NOT acceptable)	

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..

PALM BEACH

City

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FLORIDA

State

ARTICLE IV-

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	J. ROBERT HAWKINS 440 ROYAL PALM WAY, SUITE 101 PALM BEACH, FL 33480
 	
(Use attachment if necessary)	
If an effective date is listed, the date must be a the date of filing.) Note: If the date inserted in this block does not the document's effective date on the Department.	te of filing:
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	RE
This document is exe I am aware that any fa	member or an authorized representative of a member, cuted in accordance with section 605.0203 (1) (b), Florida Statutes. Ise information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.
GUY RABIDE	Typed or printed name of signee
	Typed or printed name of signee
	Filing Fees:
\$125.00 Filing Fee for Acticles of (Proprietion and Decignation of Propietored Agent

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