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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.

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : PYNE LAW GROUP Account Number : 120110000059 Phone : (850)215-9090 Fax Number : (850)215-9045

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

Email Address: / alla pyre of pyrul

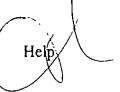
FLORIDA LIMITED LIABILITY CO.

Sweet Magnolia PC LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

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Corporate Filing Menu



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COVER LETTER

	w Filing Sect ision of Corp					
SUBJECT:	SWEET MA	AGNOLIA PC LLC				
SUBJECT.		Name of Lin	ited Liability Company			
The enclosed	l Articles of (Organization and fee(s) are	submitted for filing.			
Please return	all correspon	ndence concerning this ma	tter to the following:			
Ī	Laura C. Pyni	e, Esq.				
_			Name of Person		-	
į	Pyne Law Gr	oup. P.A.				
-			Firm/Company		-	
. :	2309 Frankfo	rd Avenue, Suite A		•		
_			Address			
1	Panama City,	Florida 32405			E022	
ļa	urapync@py	Cinclawgroup.com	ty/State and Zip Code		•	
<u></u>			for future annual report notificati	on)	<u> </u>	
For further inf	formation con	cerning this matter, please	call:		17	11:
L	aura C. Pyne	e 85 at (0 215-9090	e d	: 57	V.,,)
_	Name		rea Code Daytime Telephone	e Number	, 0	
Enclosed is a	a check for th	e following amount:				
□\$125,00 F	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 enclo	ž.	
		Address ling Section	Street Address New Filing Section Di	vision		

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

From:8502159045

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

SWEET MAGN			
(Must	contain the words "Limited	Liability Company, "	L.L.C.," or "LLC.")
ARTICLE II - Address:			
The mailing address and stre	eet address of the principal	office of the Limited I	Liability Company is:
<u>Pri</u>	ncipal Office Address:		Mailing Address:
329 Hiland Drive	c	329 H	iiland Drive
Panama City, Flo	orida 32404	Panar	na City, Florida 32404
(The Limited Liability Companother business entity with	pany cannot serve as its own an active Florida registrati	n Registered Agent, Y on.)	r's Signature: ou must designate an individual or
ARTICLE III - Registered (The Limited Liability Companother business entity with The name and the Florida su	pany cannot serve as its own an active Florida registrati reet address of the registere	n Registered Agent, Y on.)	
(The Limited Liability Companother business entity with	pany cannot serve as its own an active Florida registration rect address of the registere Laura C. Pyne, Esq. 2309 Frankford Ave.	n Registered Agent. Y on.) ed agent are:	ou must designate an individual or
(The Limited Liability Companother business entity with	pany cannot serve as its own an active Florida registration rect address of the registere Laura C. Pyne, Esq. 2309 Frankford Ave.	n Registered Agent, Y on.) ed agent are: Name	ou must designate an individual or

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 (REQUIKED)

(CONTINUED)

2022 St.: 10 / F 16: 12

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Billy E. Hewett
WOK	329 Hiland Drive
	Panama City, Florida 32404
•	
MCD	O A 11
MGR	Sandra Hewett 329 Hiland Drive
	Panama City, Florida 32404
	Fahinda City, Florida 52404
ective date is listed, the date must be	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90
EV: Effective date, if other than the directive date is listed, the date must be of filling.)	
EV: Effective date, if other than the directive date is listed, the date must be of filling.)	specific and cannot be more than five business days prior to or 90 or meet the applicable statutory filing requirements, this date will not
E V: Effective date, if other than the directive date is listed, the date must be of filing.) the date inserted in this block does not nent's effective date on the Department.	specific and cannot be more than five business days prior to or 90 or meet the applicable statutory filing requirements, this date will not
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