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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer	

Office Use Only



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HATTORN TO THE PARTY OF THE PAR

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

BUILD 2 SWEET	LLC				
		<u> </u>			
				Art of Inc. File	
				LTD Partnership File	
				Foreign Corp. File	
			l	L.C. File	
				Fictitious Name File	
				Trade/Service Mark	
				Merger File	
				Art, of Amend, File	
				RA Resignation	
				Dissolution / Withdrawal	
				Annual Report / Reinstatement	
				Cert. Copy	
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				Certificate of Good Standing	
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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Build 2 Sweet 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:
Name of Person
JGL RE Holdings LLC Firm/Company
20900 NE 304 Ave, Stc 309
Address
Aventura FL 33180 City/State and Zip Code
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee Certificate of Status 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ELED

ARTICLET	- Name:
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The name of the Limited Liability Company is:

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

METARY OF STATE

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
26900 NE 80th AVE	_20900 NE 25th Ave
5HC 3007	200 2007
Aventura FL 33180	Aventura FL 33180

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:

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

Aventura FL 33160

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)

Title: "AMBR" = Author "MGR" = Manager		Name and Address:	
MGR		JGL RE Hollings LLC 20200 NE 202 Ave Sto Aventura FL 33180	F 06
MGR	<u>_</u>	JES Interests Inc. 1209 Citrus Tale 17. Lauderdale FI 32015	2022
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ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)