

L23000374713

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

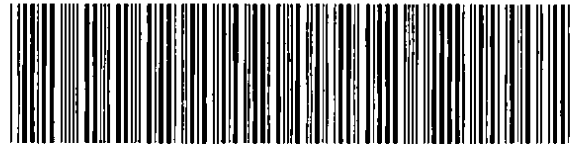
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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07/19/23--01022--014 \*\*125.00

FILED  
2023 JUL 19 AM 8:35  
SECRETARY OF STATE  
TALLAHASSEE, FL

**TO: New Filing Section  
Division of Corporations**

FILED  
2023 JUL 19 AM 8:35  
SECRETARY OF STATE  
TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SUGARSMILES LLC

(Must contain 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:

4385 Gumbo Limbo Dr  
Orlando, FL 32822

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:

Ahlan Omar

Name

4385 Gumbo Limbo Dr

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

Orlando

Florida

32822

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)

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2023 JUL 19 AM 8:36  
CLERK OF STATE  
TALLAHASSEE, FL

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

MGR

Ahlan Omar  
4385 Gumbo Limbo Dr  
Orlando, FL 32822

MGR

Minh Cao  
6104 Harvey St  
Panama City, FL 32404

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 07/17/2023 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.  
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Ahlan Omar

Typed or printed name of signee

**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

2023 JUL 19 AM 8:36  
CLERK OF STATE  
TALLAHASSEE, FL

FILED

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: SUGARSMILES 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:

Ahlam Omar  
Name of Person  
Firm/Company  
4385 Gumbo Limbo Dr  
Address  
Orlando, FL 32822  
City/State and Zip Code  
ahlamomar45@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ahlam Omar 407 738-0393  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 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 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

SECRETARY OF STATE  
TALLAHASSEE, FL

2023 JUL 19 AM 8:36

FILED

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4385 Gumbo Limbo Dr

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

Orlando

Florida

32822

City

State

Zip

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Registered Agent's Signature (REQUIRED)

(CONTINUED)

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\$ 5.00 Certificate of Status (Optional)

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