L230W374713

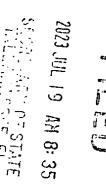
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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07/19/23--01023--014 **125.00



COVER LETTER

TO: New Filing Se Division of Co					
CUD IFOT.	SUGAR	SMILES L	LC		
SUBJECT:	Name of Lin	nited Liabili	ty Company		
The enclosed Articles of	f Organization and fee(s) are	e submitted	for filing.		
Please return all corresp	ondence concerning this ma	tter to the fo	ollowing:		
		Ahlam	Omar		
		Name of	Person	-	
	· · · · · · · · · · · · · · · · · · ·	Firm/Co	npany		
	43	85 Gumbo			
		Addre	ess		
		Orlando, FL	. 32822		
		ity/State and	l Zip Code @gmail.com	- .	
	E-mail address: (to be used			ion)	
For further information co	oncerning this matter, please	call:			
Ahlam Oma	ar at (407	738-0393		
Nan		rea Code	Daytime Telephon	e Number	
Enclosed is a check for	the following amount:				
■\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certific	5.00 Filing Fee & ed Copy is enclosed)	☐\$160.00 F. Certificate o Certified Cop (additional cop	f Status & py
· · · · · · · · · · · · · · · · · · ·	ng Address		Street Address	ivician	: :: :: : : : : : : : : : : : : : : :
	Filing Section		New Filing Section Di The Centre of Tallah:		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

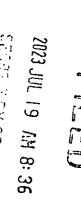
P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

SUGAI	RSMILES LLC				
		C.," or "LLC,")			
ldress of the principal of	fice of the Limited Lial	oility Company is:			
Principal Office Address:			Mailing Address:		
bo Dr 2					
cannot serve as its own I ctive Florida registration	Registered Agent. You 1.)	Signature: must designate an ir	ndividual or		
	Ahlam Omar				
	Name				
4385 Gumbo Limbo Dr					
Florida street address (P.O. Box NOT acceptable)					
Orlando	Florida	32822			
City	State	Zip			
I hereby accept the appo ovisions of all statutes rel	intment as registered ay lating to the proper and	gent and agree to act	in this capacity. I uce of my duties, and		
	ain the words "Limited Landress of the principal of al Office Address: bo Dr 2 nt, Registered Office, & cannot serve as its own active Florida registration address of the registered 438: Florida street address Orlando City sigent and to accept service I hereby accept the appo	nt, Registered Office, & Registered Agent's cannot serve as its own Registered Agent. You ctive Florida registered agent are: Ahlam Omar Name 4385 Gumbo Limbo Dr Florida street address (P.O. Box NOT acception of the company of t	In the words "Limited Liability Company, "L.L.C.," or "LLC.") Iddress of the principal office of the Limited Liability Company is: Id Office Address: Mailing Add bo Dr 2 Int, Registered Office, & Registered Agent's Signature: cannot serve as its own Registered Agent. You must designate an ir ctive Florida registration.) Inddress of the registered agent are: Ahlam Omar Name 4385 Gumbo Limbo Dr Florida street address (P.O. Box NOT acceptable) Orlando Florida 32822 City State Zip Igent and to accept service of process for the above stated limited liability for the proposition of the process for the above stated limited liability for the process for the above stated limited liability for the process for the above stated limited liability for the process for the above stated limited liability for the process for the above stated limited liability for the process for the above stated limited liability for the process for the above stated limited liability for the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept service of process for the above stated limited liability for the appointment as registered agent and agree to accept service of process for the above stated limited liability for the accept service of process for the above stated limited liability for the acceptance of the acceptance o		

(CONTINUED)



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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	_ Ahlam Omar
	4385 Gumbo Limbo Dr
	Orlando, FL 32822
MCD	
MGR	Minh Cao 6104 Harvey St
	Panama City, FL 32404
	•
(Use attachment if necessary)	
(Ose attachinem it necessary)	
ective date is listed, the date must be of filing.) the date inserted in this block does n	date of filing: 07/17/2023 (OPTIONAL) e specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will no
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ective date is listed, the date must be of filing.) the date inserted in this block does ment's effective date on the Department of the De	e specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will not ent of State's records.
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ective date is listed, the date must be of filing.) the date inserted in this block does ment's effective date on the Department's effective date of the Dep	a member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes. false information submitted in a document to the Department of State
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COVER LETTER

Division of C	orporations			
SUBJECT:	SUGAI	RSMILES I	LC.	
	Nanæ of Lie	mited Liabil	ity Company	
The enclosed Articles of	of Organization and fee(s) a	re submitted	for filing.	
Please return all corres	pondence concerning this m	atter to the f	ollowing:	
		Ahlam	Omar	
		Name of	Person	
		Firm/Cor		
		rimvCoi	пралу	
	4)	385 Gumbo 1	Limbo Dr	
		Addre	SS	
		Orlando, FL	32822	
		ity/State and lamoniar45@	•	
	E-mail address: (to be used	for future ar	nual report notificat	ion)
For further information of	concerning this matter, please	cali:		
Ahlam Om	nar at (407	738- 03 93	
· Na	me of Person A	rea Code	Daytime Telephon	e Number
Enclosed is a check for	the following amount:			
©\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Centifie	.00 Filing Fee & d Copy 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

TO:

New Filing Section

Street Address
New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2023 JUL 19 AM 8: 36

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabili	ty Company is:			
	SUGA	RSMILES LLC		
(Must con	tain the words "Limited L	iability Company, "L.	L.C.," or "LLC.")	_
ARTICLE II - Address: The mailing address and street a	ddress of the principal of	fice of the Limited Lia	bility Company is:	
Princip	Principal Office Address:			
4385 Gumbo Lin Orlando, FL 328				_
ARTICLE III - Registered Ag (The Limited Liability Compan- another business entity with an The name and the Florida street	y cannot serve as its own F active Florida registration	Registered Agent, You)	Signature: must designate an individual or	
	· · · · · · · · · · · · · · · · · · ·	Ahlam Omar		
		Name		
		Gumbo Limbo Dr		
	Florida street address	(P.O. Box <u>NOT</u> accep	able)	
	Orlando	Florida	32822	
	City	State	Zip	
Having been named as registered place designated in this certificate further agree to comply with the plant familiar with and accept the ob	. I hereby accept the appoirovisions of all statutes rele covisions of my position as	ntment as registered as uting to the proper and	ent and agree to act in this capac complete performance of my duti ovided for in Chapter 605, F.S	city. I
		(CONTINUED)		

2023 JUL 19 AM 8: 36 SEONE FOR SEE STATE

Title: Name and Address: "AMBR" = Authorized Member "MGR" = Manager MGR Ahlam 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. Ahlam Omar Typed or printed name of signee

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

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)

2023 JUL 19 AH 8: 35