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COVER LETTER

TO:

Registration Section

Division of Corporations		
SUBJECT: SHORT-N-SWEET LLC Name of Limited Liability Company		
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.		
Please return all correspondence concerning this matter to the following:		
William Emplit Name of Person		
SHORT-N-SWEET LLC Firm/Company		
235 Parsons Woods Dr. Address		
Seff her / FL 3.3354 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
William Emplit at (S/3) 385-6995 Name of Contact Person Area Code Daytime Telephone Number		
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301		
Enclosed is a check for the following amount: \$\Begin{array}{cccccccccccccccccccccccccccccccccccc		



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 18, 2016

WILLIAM EMPLIT 235 PARSONS WOODS DR SEFFNER, FL 33584

SUBJECT: SHORT-N-SWEET, LLC Ref. Number: W16000055459

We have received your document for SHORT-N-SWEET, LLC and your check(s) totaling \$160.00. However, the document has not been filed and is being retained in this office for the following:

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 416A00016906



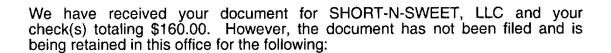
FLORIDA DEPARTMENT OF STATE Division of Corporations

August 10, 2016

WILLIAM EMPLIT 235 PARSONS WOODS DR SEFFNER, FL 33584

SUBJECT: SHORT-N-SWEET, LLC

Ref. Number: W16000055459



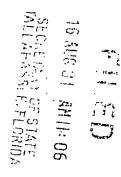
A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 416A00016906



APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.09()2, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. SHORT-N-SWEET 110	
1. SHORT-N-SWEFT LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "I	JLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name Liability Company," "L.L.C," or "LLC.")	must include "Limited
2. (Jurisdiction under the law of which foreign limited liability company is organized) 3. (FEI number, if applicable)	
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
5. 235 Persons Woods Dr.	
Seffner, FL 33584 (Street Address of Principal Office)	
6. 235 Parsons Woods Dr	<u></u>
Seffner, Fl 3358-4 (Mailing Address)	
7. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)	<u> </u>
Name: William Emplit	4
Office Address: 235 Parsons Woods Dr. Soffner, Florida 35584 (City) (Zip code)	06
(City) Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liabilidesignated in this application, I hereby accept the appointment as registered agent and agree to act in this to complywith the provisions of all statutes relative to the proper and complete performance of my duties, accept the obligations of my position as registered agent.	capacity. I further agre
William Ends	
(Registered agent's signature)	
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	ior Fl
William Emplit, Trustee, 235 Parsons Woods Dr. Seff. Laura Emplit, Trustee, 235 Parsons Woods Dr. Seff.	er, FI
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having conjurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the translator must be submitted)	
Signature of an authorized person	
	falou information
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any submitted in a document to the Department of State constitutes a third degree fellow as provided for in \$ 817.1	

William Englit
Typed or printed name of signee

STATE OF WYOMING Office of the Secretary of State

I, ED MURRAY, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

Short-n-Sweet, LLC is a

Limited Liability Company

formed or qualified under the laws of Wyoming did on **June 24, 2016**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2016-000718369**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 26th day of August, 2016 at 12:35 PM. This certificate is assigned 020893935.

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.