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To:

Division of Corporations

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From:

Account Name ; C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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Email	Address:			

Foreign Limited Liability Company Sweet Haven, L.L.C.

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Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

S. HAWKES

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Help

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

1. SWEET HAVEN, L.L.C. (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "U.C.," or "LUC.")	-
(Name of Foreign Limited Hability Company; must include Limited Limited Limited Company, ""I. I. C.," or "LUC.")	
(If name unavailable, enter alternate name adopted for the purpose of transacting business in blooks. The alternate name must reclude "Linned Limbing Company," "L.L.C." or "	ī.LC.")
LOUISIANA	
2. (his salier was mader the law of which bacign Binsted liability company is expansively. (but salier was mader the law of which bacign Binsted liability company is expansively.	-
4	
(Date first transcried treamons in Florids, if prior to registrative.) (See sections 605 6501 & 605,0005, F.K. to determine penalty trability)	
1215 W. Morris 1215 W. Morris	
(State Address of Principal Office) (State Address of Principal Office)	-
Hammond, LA 70403 Hammond, LA 70403	
Transmired, DAY 70-05	- <i>'</i>
	
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	
7. Nume and succe address of Florida registrate again, (1992)	
C T Corporation System	175 may 1954 11
Name:	رماری ع
1200 South Pine Island Road	į i į
Office Address:	
Office Address: 1200 South Pine Island Road Plantation Florida 33324	
(C.y) (7.p code)	

Registered agent's acceptance:

Having heen named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application. 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Stephanie Hencz, assistant secretary

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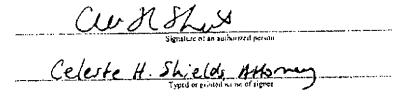
From: Kaity Toon

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:		Title or Capacity:	
■Manager	Name: MATTHEW HUNT		□Manager -	Name: SHIRLEY HUNT
Member	Address: 57 WHITEOAK COURT		≝ Member	Address: 19315 COUNTRY CLUB LN.
□ Authorized	HAMMOND, LA 70401		□Authorized	HAMMOND, LA 70401
Person			Person	
Other			i_Other	L'Other
□Manager	Name:		□ Manager	Name:
[Member	Address:		Member	Address:
EJAuthorized			□Authorized	
Person			Person	
[]Other			□Other	Other
	N		∐Manager	Name:
□Manager	Name:		-	
□Member	Address:		□Member	Address:
☐ Authorized			[]Authorized	A resident of galaxies digressive a community parties of a final community of a community of the community o
Person			Person	a la a comis personal a ci finire di comissioni di comissi
[]Other	[]Other		Other	Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when tiling your Florida Department of State Annual Report form.

- 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)
- 10. This document is executed in accordance with section 605.0203 (1) (b). Florada 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.\$17.155, F.S.



From: Kaity Toon

SECRETARY OF STATE

As Secretary of State of the State of Louisiana I do hereby Certify that

the Articles of Organization of

SWEET HAVEN, L.L.C.

Domicled at HAMMOND, LOUISIANA,

Were filed in this Office and a Certificate of Organization was issued on March 11, 2013,

I further certify that no Certificate of Dissolution or Termination has been issued.

in testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

November 16, 2021

L 12 fe 162 Secretary of State



Certificate ID: 11485592#NVM73

To validate this certificate, visit the following web site, go to Bustness Services, Search for Louisiana Business Fitings, Validate a Certificate, then follow the instructions displayed.

www.sos.la.gov