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(Reques	stor's Name)	
(Addres	s)	_ .
(Addres	s)	
(City/Sta	ate/Zip/Phone #)
PICK-UP	WAIT	MAIL
(Busine	ss Entity Name))
(Docum	ent Number)	
Certified Copies	Certificates of	f Status
Special Instructions to Filin	g Officer:	





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CORPORATE ACCESS,

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066)

~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

	PIC	CK UP:	2/12 MEGHAN	_
	CERTIFIED COPY			<u> </u>
XX	к рнотосору			
	CUS			
XX	K FILING	LLC		2925
1.	FRESH START COF		ANY LLC	
2.	(CORPORATE NAME AND I	DOCUMENT #)		<u> </u>
3.	(CORPORATE NAME AND F	DOCUMENT #)		
4.	(CORPORATE NAME AND I	OOCUMENT#)		
5.	(CORPORATE NAME AND I	OOCUMENT #)		
6.	(CORPORATE NAME AND I	V W PRÎTPART IA		
SPECL	AL INSTRUCTIONS:	(UME:N1 #)		
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

to visit in

ARTICLE I - Name: The name of the Limited Liability	y Company is:					
	FFEE COMPANY LLC ain the words "Limited I	Liability Con	npany, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street a	ddress of the principal of	ffice of the L	imited Liability Company is:			
<u>Princip</u>	al Office Address:		Mailing Add	lress:		
2670 SOUTH FLAM PLANTATION, FLO		<u> </u>	2670 SOUTH FLAMINGO PLANTATION, FLORIDA			
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an a The name and the Florida street	cannot serve as its own active Florida registratio	Registered A		ndividual or	2025 277	ě
	JOYCE LOESER	2			:	
		Name			<u>ت</u> ز.	
	2670 SOUTH FLAM	INGO ROA	D	•	- 1	
	Florida street address	(P.O. Box	NOT acceptable)			
	PLANTATION	FL	33330			
	City	State	Zip			
Having been named as registered of place designated in this certificate, further agree to comply with the plan familiar with and accept the ob-	I hereby accept the appo ovisions of all statutes re	ointment as relating to the	egistered agent and agree to ac proper and complete performan	t in this capad nce of my duti	city. I	
	/S/.	JOYCE L	DESER			
	Registe	ered Agent's	Signature (REQUIRED)	•		
		(CONTIN	UED)			

ARTICLE IV-

. ...

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

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MCTR = Manager	
 	
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(Use attachment if necessary) CLE V: Effective date, if other than the da effective date is listed, the date must be s	te of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 days
ite of filing.) If the date inserted in this block does not	t meet the applicable statutory filing requirements, this date will not be li
ocument's effective date on the Departmer	nt of State's records.
CI.E VI: Other provisions, if any.	
-	
REQUIRED SIGNATURE:	
/S/	/ELLIOTT TEITELBAUM
This document is exec	nember or an authorized representative of a member. ruted in accordance with section 605.0203 (1) (b). Florida Statutes, lse information submitted in a document to the Department of State

Filing Fees:

Typed or printed name of signee

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

ELLIOTT TEITELBAUM

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)