

**L0600000918**

Florida Department of State  
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**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**CAPS Northlake, LLC**

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**ARTICLES OF ORGANIZATION  
OF  
CAPS Northlake, LLC**

**ARTICLE I NAME**

The name of the limited liability company shall be: **CAPS Northlake, LLC**

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this Limited Liability Company shall be: 7231 SW 63rd Ave., #200, Miami, Florida 33143.

**ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS**

The name and address of the initial registered agent is: Business Filings Incorporated, 1203 Governors Square Blvd., Suite 101, Tallahassee, Florida 32301-2960. Located in the County of Leon.

**ARTICLE IV DURATION**

The duration for the limited liability company shall be: 12/31/2046.

**ARTICLE V MANAGERS/MEMBERS**

The management of the limited liability company is reserved for the Members and the name and address of the member of the Limited Liability Company is:

Coffee Drive Thru LLC, 7231 SW 63rd Ave., #200, Miami, Florida 33143



Business Filings Incorporated, Organizer

Mark Schiff, AVP

Authorized Representative

Prepared by Mark Schiff, Business Filings Incorporated, 8025 Excelsior Dr., Suite 200, Madison, WI 53717

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**CERTIFICATE OF DESIGNATION OF REGISTERED  
AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES,  
THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE  
STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN  
DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE  
STATE OF FLORIDA.

The name of the limited liability company is: **CAPS Northlake, LLC**

The name and address of the registered agent and office is Business Filings Incorporated,  
1203 Governors Square Blvd., Suite 101, Tallahassee, Florida 32301-2960. Located in  
the County of Leon.

Having been named as registered agent and to accept service of process for the above  
stated 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.

Signature: \_\_\_\_\_

Mark Schiff, AVP

Date: October 16, 2006

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