

from 7188897420 1.718.889.7420 Thu Oct 27 08:51:20 2016 Page 1 of 1

L16000/97754

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000265695 3)))



H160002656953ABC7

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
 Fax Number : (850) 617-6381

From: Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
 Account Number : 075350000353
 Phone : (800) 221-2972
 Fax Number : (888) 692-9256

STATE OF FLORIDA
 TALLAHASSEE, FLORIDA
 16 OCT 27 PM 4: 15
 FILED

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
 CAFE GRUMPY CORAL GABLES LLC**

D O'KEEFF
 OCT 28 2016

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

16 OCT 27 AM 11: 27
 FILED

Electronic Filing Menu Corporate Filing Menu Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CAFE GRUMPY CORAL GABLES LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

2516 PONCE DE LEON BLVD
CORAL GABLES, FL 33134

2516 PONCE DE LEON BLVD
CORAL GABLES, FL 33134

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

CHRIS TIMBRELL
Name

2516 PONCE DE LEON BLVD
Florida street address (P.O. Box **NOT** acceptable)

CORAL GABLES FL 33134
City State Zip

Having been named as registered agent and to accept service of process for the above stated limited liability 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 as provided for in Chapter 605, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED
16 OCT 27 PM 4: 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

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

<u>Title:</u>	<u>Name and Address:</u>
"AMBR" = Authorized Member	
"MGR" = Manager	
<u>MGR</u>	<u>CHRIS TIMBRELL</u> <u>2516 PONCE DE LEON BLVD</u> <u>CORAL GABLES, FL 33134</u>
<u>MGR</u>	<u>CAROLINE BELL</u> <u>2516 PONCE DE LEON BLVD</u> <u>CORAL GABLES, FL 33134</u>
<u>_____</u>	<u>_____</u>
<u>_____</u>	<u>_____</u>

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.

CHRIS TIMBRELL
Typed or printed name of signer

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

SECRET
16 OCT 27 PM 4: 15
SECRET
SECRETARY OF STATE
TALLAHASSEE, FLORIDA