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COVER LETTER

	New Filing Section Division of Corporations	1
SUBJEC	MT CAFE, LLC	
SUBJEC		me of Limited Liability Company
The encl	osed Articles of Organization and	I fee(s) are submitted for filing.
Please re	eturn all correspondence concerni	ng this matter to the following:
	Russel Dion	}
		Name of Person
		Firm/Company
	701 Bayshore Drive	· · · · · · · · · · · · · · · · · · ·
		Address
	Fort Lauderdale, FL 33304	
		City/State and Zip Code
	Russel@ManhattanTowerFL.c	
	E-mail address: (t	o be used for future annual report notification)
For furthe	r information concerning this mat	ter, please call:
	Russel Dion	754 224-7301 at ()
	Name of Person	Area Code Daytime Telephone Number
Enclosed	d is a check for the following amo	ount:
\$125.00	Filing Fee S130.00 Filing Certificate of	
	Mailing Address New Filing Section	Street Address New Filing Section
	Division of Corporation	

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

MT CAFE, LLC	
(Must contain the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")
TICLE II - Address: mailing address and street address of the principal office	of the Limited Liability Company is:
	of the Limited Liability Company is: Mailing Address
mailing address and street address of the principal office	

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or

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

another business entity with an active Florida registration.)

Russel Dion

Name

701 Bayshore Drive

Florida street address (P.O. Box NOT acceptable)

Fort Lauderdale Florida 33304

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)

18 FEB - 2 PM 4: 5
SECRETARY OF STATE

FILED.

*MGR" = Manager AMBR Russel Dion 701 Bayshore Drive Fort Lauderddale, Florida 33304 AMBR Joseph E. Caffey 701 Bayshore Drive Fort Lauderdale, FL 33304 (Use attachment if necessary) E.V: Effective date, if other than the date of filing: 02/01/2018 (OPTIONAL) retive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will no ment's effective date on the Department of State's records.	<u>l'itle:</u>	Name and Address:
Tot Bavshore Drive Fort Lauderddale, Florida 33304 Joseph E. Caffey 701 Bavshore Drive Fort Lauderdale, FL 33304 (Use attachment if necessary) E.V: Effective date, if other than the date of filing: 02/01/2018 (OPTIONAL) ective date is listed, the date must be specific and cannot be more than five business days prior to or 90 of filing.) The date inserted in this block does not meet the applicable statutory filing requirements, this date will no ment's effective date on the Department of State's records.	"AMBR" = Authorized Member	
AMBR Joseph E. Caffey 701 Bayshore Drive Fort Lauderdale, Florida 33304 Joseph E. Caffey 701 Bayshore Drive Fort Lauderdale, FL 33304 (Use attachment if necessary) LE V: Effective date, if other than the date of filing: 02/01/2018 (OPTIONAL) fective date is listed, the date must be specific and cannot be more than five business days prior to or 90 of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no ament's effective date on the Department of State's records.	-	N ID:
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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	I.E.V: Effective date, if other than the date ffective date is listed, the date must be specifiling.) If the date inserted in this block does not nument's effective date on the Department of LEVI: Other provisions, if any. REOURED SIGNATURE: Signature of a me This document is execut I am aware that any false constitutes a third degree	eneet the applicable statutory filing requirements, this date will no of State's records. The property of a member of a member of a member of an authorized representative of a member. The distribution in a document to the Department of State of felony as provided for in s.817.155, F.S.

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)

ECRETARY OF STATE