

L14000149912

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

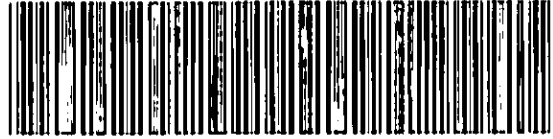
(Document Number)

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JUN 20 2018



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18 JUN 19 AM 10:45

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 261210 4311639  
AUTHORIZATION :   
COST LIMIT : \$ 125.00

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ORDER DATE : June 18, 2018  
ORDER TIME : 9:18 AM  
ORDER NO. : 261210-015  
CUSTOMER NO: 4311639

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DOMESTIC FILING

NAME: ANOTHER BROKEN EGG CARE OF  
LAKE MARY, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION  
 CERTIFICATE OF LIMITED PARTNERSHIP  
 ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
 PLAIN STAMPED COPY  
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner - EXT.

EXAMINER'S INITIALS: \_\_\_\_\_

**ARTICLES OF ORGANIZATION  
OF  
ANOTHER BROKEN EGG CAFE OF LAKE MARY, LLC**

**ARTICLE I: - Name**

The name of the Limited Liability Company is **ANOTHER BROKEN EGG CAFE OF LAKE MARY, LLC**

**ARTICLE II: - Address**

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

**600 Grand Boulevard  
Suite M-209  
Miramar Beach, Florida 32550**

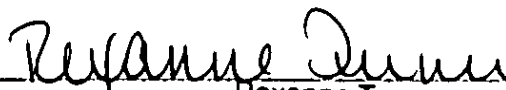
**ARTICLE III: - Registered Agent, Registered Office, & Registered Agent's Signature**

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

**Corporation Service Company  
1201 Hays Street  
Tallahassee, Florida 32301**

*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.*

CORPORATION SERVICE COMPANY, as Registered Agent

By:   
Name: Roxanne Turner  
Title: Asst. Vice President

**ARTICLE IV: - Management**

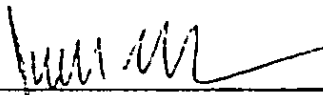
The name and address of each person authorized to manage and control the limited liability company is as follows:

<u>Title:</u>	<u>Name and Address:</u>
MGR	Christopher J. Artinian 600 Grand Boulevard, Suite M-209 Miramar Beach, FL 32550
MGR	Jonathan Tanenbaum 600 Grand Boulevard, Suite M-209 Miramar Beach, FL 32550

MGR

Ronald E. Green  
600 Grand Boulevard, Suite M-209  
Miramar Beach, FL 32550

**IN WITNESS WHEREOF**, the undersigned has executed these Articles of Organization on June 18, 2018.



\_\_\_\_\_  
Jonathan Tanenbaum, authorized representative of a Member

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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 Section 817.155, Florida Statutes.)

\_\_\_\_\_  
Jonathan Tanenbaum

Typed or printed name of signee