



# L020000026301

ACCOUNT NO. : 072100000032

REFERENCE : 769618 6594A

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE : October 3, 2002

ORDER TIME : 2:46 PM

ORDER NO. : 769618-005

CUSTOMER NO: 6594A

CUSTOMER: Donald J. Kahn, Esq  
Green Kahn & Piotrkowski, Pa

317 71st Street

Miami Beach, FL 33141

RECEIVED  
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DIVISION OF CORPORATE AFFAIRS  
TALLAHASSEE, FLORIDA

DOMESTIC FILING

NAME: POST CAFE LLC

300008185493--4

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull - EXT. 1115

EXAMINER'S INITIALS:

W02-28780

10-702

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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AND  
FILED



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State

October 4, 2002

CSC

SUBJECT: POST CAFE LLC  
Ref. Number: W02000028780

We have received your document for POST CAFE LLC and the authorization to debit your account in the amount of \$125.00. However, the document has not been filed and is being returned for the following:

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Letter Number: 602A00055906

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

POST CAFE LLC

## ARTICLE II - Address:

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

3758 PRAIRIE AVENUE, MIAMI BEACH, FL 33140

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

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

DONALD J. KAHN, ESQ.

Name

317 71st STREET

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

MIAMI BEACH, FL 33141

City, State, and 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 608, F.S.*

DONALD J. KAHN, ESQ.

BY:

Registered Agent's Signature

## Article IV - Management (Check box if applicable.)

- ☐ The Limited Liability Company is to be managed by one manager or more managers and therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Rafael Ardreu  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

RAFAEL A. ARDREU - MGRM

Typed or printed name of signer

### Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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