

W030000011409

00789-00623-00671

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

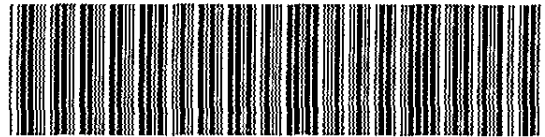
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W03-8039

Office Use Only



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MJH

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

20524 NW 22 Place
Miami, Florida 33056
March 18, 2003

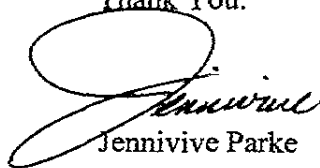
Florida Department of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir/Madam,

This is an application for the incorporation of 'The Hummingbird Café LLC.' I,
Jennivive Parke is the President of the Corporation and my personal information is:

Name: Jennivive Parke
Address: 20524 NW 22 Place
Miami, Florida 33056
Telephone: 305-620-1392
Work: 305-349-6158

Thank You.



Jennivive Parke





FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

March 20, 2003

JENNIVIVE PARKE
20524 NW 22 PLACE
MIAMI, FL 33056

SUBJECT: THE HUMMINGBIRD CAFE LLC
Ref. Number: W03000008039

We have received your document for THE HUMMINGBIRD CAFE LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Michelle Hodges
Document Specialist

Letter Number: 403A00017126

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: THE HUMMINGBIRD CAFE LLC
The name of the Limited Liability Company is:

ARTICLE II - Address: MAILING ADDRESS STREET ADDRESS
20524 NW 22 PLACE 9 NW 2ND STREET
MIAMI FLORIDA 33056 MIAMI FLORIDA 3313
The mailing address and street address of the principal office of the Limited Liability Company is:

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

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

JENNIVIVE PARKE
Name
20524 NW 22 PLACE
Florida street address (P.O. Box **NOT** acceptable)
MIAMI FL 33056
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.

Jennivive Parke
Registered Agent's Signature

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

Jennivive Parke
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.)

JENNIVIVE PARKE
Typed or printed name of signee

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)

FILED
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SECRETARY OF STATE
TALLAHASSEE FLORIDA