

LD3000017219

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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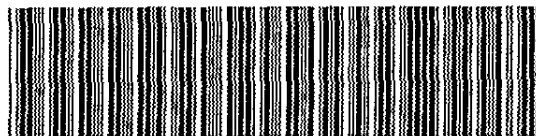
(Business Entity Name)

(Document Number)

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LD3-17219

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 MAY 13 PM 3:39

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CC

Corner Café of Tequesta

287 US Hwy One
Tequesta, FL 33469
(561) 743-7619

April 7, 2003

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


To Whom It May Concern:

Please find enclosed our Articles of Incorporation for Florida Limited Liability Company. We have enclosed a check for \$155.00 to cover the Filing Fee, Designation of Registered Agent, and Certified Copy.

Should you have any questions regarding this matter, please contact our CPA: Jennifer R. Christiansen at (561) 827-1507.

Sincerely yours,

Corner Café of Tequesta


Jennifer R. Christiansen, CPA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Corner Cafe of Tequesta, LLC

ARTICLE II - Address:

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

087 US Hwy ONE
TEQUESTA FL 33469

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

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

~~Corner Cafe of Tequesta~~ Jennifer R. Christiansen
Name

~~087 US Hwy ONE~~ 11420 US Hwy ONE #117
Florida street address (P.O. Box NOT acceptable)

~~TEQUESTA FL~~ 33469 North Palm Bch, FL
City, State, and Zip 33408

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.

Jennifer R. Christiansen, CPA
Registered Agent's Signature

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

James Hill, CPA
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.)

James Hill
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)

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