

LO3000043837

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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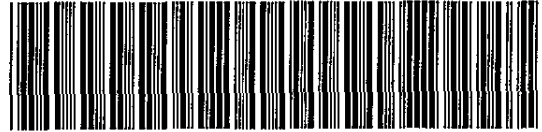
(Business Entity Name)

(Document Number)

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**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Blue Parrot Coffee and Tropical Beverages LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOSEPH R. CONKLE  
(Name of Person)

Blue Parrot Coffee and Tropical Beverages LLC  
(Firm/Company)

530 US 41 By-Pass S., Unit 20A  
(Address)

Venice, Florida 34285  
(City/State and Zip Code)

For further information concerning this matter, please call:

JOSEPH R. CONKLE at ( 941 ) 228-6221  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Blue Parrot Coffee and Tropical Beverages, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

530 US 41 By-Pass S., Unit 20A  
Venice, Florida 34285

**Mailing Address:**

530 US 41 By-Pass S., Unit 20A  
Venice, Florida 34285

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

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

Joseph R. Conkle

Name

4437 Winners Circle #1316

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

Sarasota, FLORIDA 34238

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, Florida Statutes..*

Joseph R. Conkle

Registered Agent's Signature

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

JOSEPH R. CONKLE  
4437 Winners Circle #1316  
Sarasota, Florida 34238

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(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**

Joseph R. Conkle

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.)

JOSEPH R. CONKLE

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)