

L04000028/27

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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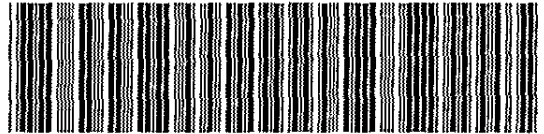
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 APR - 1 AM 10:06

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Great Awakenings Coffee and Tea Company, 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:

Blake Silverstrom
(Name of Person)

(Firm/Company)

8683 NW 51st Place
(Address)

Coral Springs, Florida 33067
(City/State and Zip Code)

For further information concerning this matter, please call:

Blake Silverstrom
(Name of Person)

at (954) 752-5735
(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

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Great Awakenings Coffee and Tea Company, LLC

ARTICLE II - Address:

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

Principal Office Address:

Great Awakenings Coffee and Tea Co.

8683 NW 51st Place

Coral Springs, Florida 33067

Mailing Address:

Great Awakenings Coffee and Tea Co.

8683 NW 51st Place

Coral Springs, Florida 33067

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

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

Paul S. Walker

Name

2170 NE 53rd Street

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

Fort Lauderdale, FLORIDA 33308

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..



Registered Agent's Signature

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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:

<u>MGR</u>	Paul S. Walker 2170 NE 53rd Street Fort Lauderdale, Florida 33308
<u>MGR</u>	Blake Silverstrom 8683 NW 51st Place Coral Springs, Florida 33067
<u>MGR</u>	Pamela S. Walker 2170 NE 53rd Street Fort Lauderdale, Florida 33308
<u>MGR</u>	Kimberly Silverstrom 8683 NW 51st Place Coral Springs, Florida

(Use attachment if necessary)

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

REQUIRED SIGNATURE:



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.)

Blake Silverstrom
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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