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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

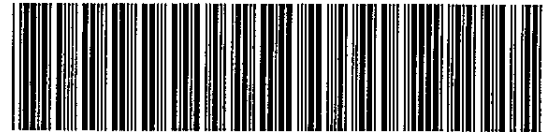
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**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FIVE CENT LEMONADE, 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:

MELISSA WEINGARDEN  
(Name of Person)

FIVE CENT LEMONADE, LLC  
(Firm/Company)

8845 SW 132 Street  
(Address)

Miami, FL 33176  
(City/State and Zip Code)

For further information concerning this matter, please call:

MELISSA WEINGARDEN at ( 305 ) 253-5666  
(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

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

FIVE CENT LEMONADE, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

8845 SW 132 Street

Miami, FL 33176

**Mailing Address:**

8845 SW 132 Street

Miami, FL 33176

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

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

MELISSA WEINGARDEN

Name

8845 SW 132 Street

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

Miami FLORIDA 33176

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..*

*Melissa Weingarden*  
Registered Agent's Signature

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STATE OF FLORIDA  
MILITARY RECORDS

**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

MELISSA WEINGARDEN

8845 SW 132 Street

Miami, FL 33176

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

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(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

Melissa Weingarden  
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.)

MELISSA WEINGARDEN  
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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SECRETARY OF STATE  
TALLAHASSEE, FL  
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**Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN **84-1661274**  
 OMB No. 1545-0003

<b>Type or print clearly.</b>	<b>1</b> Legal name of entity (or individual) for whom the EIN is being requested ✓ <b>FIVE CENT LEMONADE, LLC</b>		
	<b>2</b> Trade name of business (if different from name on line 1)		<b>3</b> Executor, trustee, "care of" name
	<b>4a</b> Mailing address (room, apt., suite no. and street, or P.O. box) ✓ <b>8845 SW 132 STREET</b>		<b>5a</b> Street address (if different) (Do not enter a P.O. box.)
	<b>4b</b> City, state, and ZIP code ✓ <b>MIAMI, FL 33176</b>		<b>5b</b> City, state, and ZIP code
	<b>6</b> County and state where principal business is located ✓ <b>MIAMI-DADE COUNTY, FLORIDA</b>		
	<b>7a</b> Name of principal officer, general partner, grantor, owner, or trustee ✓ <b>MELISSA WEINGARDEN</b>		<b>7b</b> SSN, ITIN, or EIN ✓ <b>139-74-5185</b>

<b>8a</b> Type of entity (check only one box) <input type="checkbox"/> Sole proprietor (SSN) <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (enter form number to be filed) ▶ <input type="checkbox"/> Personal service corp. <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ <input checked="" type="checkbox"/> Other (specify) ▶ <b>(SINGLE-MEMBER LLC)</b>	<input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Plan administrator (SSN) <input type="checkbox"/> Trust (SSN of grantor) <input type="checkbox"/> National Guard <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> REMIC <input type="checkbox"/> State/local government <input type="checkbox"/> Federal government/military <input type="checkbox"/> Indian tribal governments/enterprises Group Exemption Number (GEN) ▶
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<b>8b</b> If a corporation, name the state or foreign country (if applicable) where incorporated	State	Foreign country
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<b>9</b> Reason for applying (check only one box) <input type="checkbox"/> Started new business (specify type) ▶ <input type="checkbox"/> Hired employees (Check the box and see line 12.) <input type="checkbox"/> Compliance with IRS withholding regulations <input checked="" type="checkbox"/> Other (specify) ▶ <b>DISREGARDED ENTITY</b>	<input type="checkbox"/> Banking purpose (specify purpose) ▶ <input type="checkbox"/> Changed type of organization (specify new type) ▶ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ <input type="checkbox"/> Created a pension plan (specify type) ▶
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<b>10</b> Date business started or acquired (month, day, year) ✓ <b>11/15/2004</b>	<b>11</b> Closing month of accounting year <b>DECEMBER</b>
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<b>12</b> First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) . . . . . ▶ <b>NEVER</b>
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<b>13</b> Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "-0-". . . . . ▶	Agricultural -0-	Household -0-	Other -0-
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<b>14</b> Check one box that best describes the principal activity of your business.	<input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Other (specify)
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<b>15</b> Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. ✓ <b>BABY ITEMS RETAIL STORE</b>
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<b>16a</b> Has the applicant ever applied for an employer identification number for this or any other business? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: If "Yes," please complete lines 16b and 16c.
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<b>16b</b> If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶	Trade name ▶
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<b>16c</b> Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year)	City and state where filed	Previous EIN
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Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.		
<b>Third Party Designee</b>	Designee's name <b>ERICK A. ESPINOSA-EPPSTEIN</b> Address and ZIP code <b>250 CATALONIA AVENUE, SUITE 501; CORAL GABLES, FL 33134</b>	Designee's telephone number (include area code) <b>( 305 ) 444-0554</b> Designee's fax number (include area code) <b>( 305 ) 675-8444</b>
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.		
Name and title (type or print clearly) ▶ <b>MELISSA WEINGARDEN, MANAGING MEMBER</b>		Applicant's telephone number (include area code) <b>( 305 ) 253-5666</b>
Signature ▶ <i>Melissa Weingarden</i> Date ▶ <b>11/15/04</b>		Applicant's fax number (include area code) <b>( 305 ) 253-5666</b>