

L05000005179

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

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(Business Entity Name)

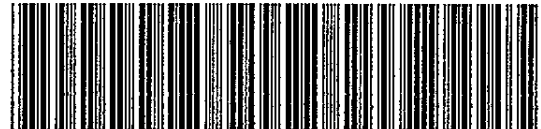
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ATTORNEYS AT LAW
SIDER & KRON, P. A.
150 East Boca Raton Road
Boca Raton, Florida 33432

* DONALD C. SIDER
** DAVID P. KRON
JAMIE L. PALA

TELEPHONE: (561) 391-1100
FAX: (561) 391-2801
www.siderandkron.com

* Florida Board Certified Wills,
Trusts and Estates
* Member of Florida and Illinois Bars
** Master of Laws in Estate Planning

January 6, 2005

FEDERAL EXPRESS

Department of State
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

Re: GET Caffé Associates, LLC

Dear Sir or Madam:

Enclosed are the following documents:

1. Articles of Organization for a new limited liability company, GET Caffé Associates, LLC; and
2. A check in the amount of \$155. (This check represents the \$100 filing fee, the \$25 Designation of Registered Agent Fee and the \$30 certified copy fee).

Please:

1. File the enclosed Articles of Organization and provide us with fax confirmation of this filing as soon as possible; and
2. Return to us a **certified** copy of the Articles of Organization

Thank you for your assistance in this matter. Please return the Articles to our office by Federal Express, in the enclosed pre-paid Federal Express envelope.

Very truly yours,


David P. Kron

DPK/dm
Enclosure

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GET Caffé Associates, LLC

ARTICLE II - Address:

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

1147 Hillsboro Mile Suite 514S, Hillsboro Beach, Florida 33062

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

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

Edmond P. Albano

Name

1147 Hillsboro Mile Suite 514S

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

Hillsboro Beach, Florida 33062

City, State and Zip Code

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.



Registered Agent's Signature

ARTICLE IV - Management (Check box if applicable)

☒ The Limited Liability Company is to be managed by one manager or more managers and is therefore, a manager-managed company.

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



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)

Edmond P. Albano

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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