

L05000008758

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

[Handwritten signature]

Office Use Only



900045342119

05/28/05--(0000000000) *4155.00

FILED

05 JAN 27 AM 8:38

STATE
TALLAHASSEE, FLORIDA

RECEIVED

05 JAN 27 PM 4:45

STATE
TALLAHASSEE, FLORIDA

CORPDIRECT AGENTS, INC. (formerly CCRS)
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: MEGAN HODGE

DATE: 1/27/2005

REF. #: 0631.34241

CORP. NAME: MT. DORA ROASTING, LLC

FILED
05 JAN 27 AM 8:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 511198 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

ARTICLES OF ORGANIZATION

FOR

MT. DORA ROASTING, LLC

The undersigned, an authorized natural person, for the purpose of forming a limited liability company under the provisions and subject to the requirements of Chapter 608 of the Florida Statutes, hereby certifies that:


ARTICLE I: The name of the limited liability company is "Mt. Dora Roasting, LLC".

ARTICLE II: The mailing address and street address of the principal office of the limited liability company is: 198 501 No. Orlando Avenue, Suite 313, Winter Park, Florida 32789.

ARTICLE III: The name and Florida Street address of the registered agent are: NRAI Services, Inc., 526 E. Park Avenue, Tallahassee, Florida 32301.

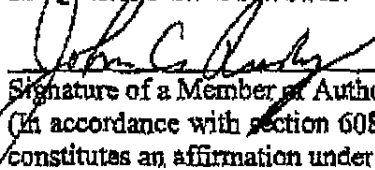
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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.

NRAI SERVICES, INC.

By: 
Registered Agent Signature
Geraldine Miranda

ARTICLE IV: The name and address of the sole Managing Member of the limited liability company is Entertainment Leisure, LLC, 198 501 No. Orlando Avenue, Suite 313, Winter Park, Florida 32789.

REQUIRED SIGNATURE:


Signature of a Member or Authorized Representative
(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under penalties of perjury that the facts stated herein are true.)

JOHN C. RUDY
Typed name of signee

FILED
05 JAN 27 AM 8:38
TALLAHASSEE, FLORIDA
SECRETARY OF STATE