Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850) 205-0383

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Account Number : 104662003400

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

Coffeedreamz Ink, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
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Electronic Filing Menu

Corporate Filing Menu

Help

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: Coffeedreamz Ink, LLC

ARTICLE II - Address

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

Principal Office Address:	Mailing Address:	
8419 Willow Tree Court	8419 Willow Tree Court	
Orlando, FL 32836	Orlando, FL 32836	
ARTICLE III - Registered Ager The name and Florida street address of t	nt, Registered Office & Registered Agent's Signa the registered agent are: Yolonda Coleman	ture 22 23 00
	Name	<i>∴</i> ⇔
	8419 Willow Tree Court	Ç,i3
	(P.O. Box or Mail Drop Box NOT Acceptable)	
	Orlando, FL 32836	
•	(City / State / 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 if 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 - Yolonda Coleman

	Manager(s) or Managing Member(s): ess of each Manager or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Manag	
MGR	Yolonda Coleman-8419 Willow Tree Court, Orlando, FL 32836
(Use attachment if r	necessary)
REQUIRED SIG	Signature of a member or 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.)
	Yolonda Coleman
	Typed or printed name of signee