Electronic Filing Cover Sheet

Public Access System

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H06000081958 3)))

 Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name

: ACCOUNTING & BEYOND

Account Number : I19990000223

: (813)998-9800

Phone

Fax: Number

: (813)935-9982

FLORIDA/FOREIGN LIMITED LIABILIT

XPRESSOS SPANISH CAFE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is: XPRESSOS SPANISH CAFE, LLC (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,") ARTICLE III - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: 1219 KINGSWAY RD. 1219 KINGSWAY RD. BRANDON, FL 33510 BRANDON, FL 33510 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business cutity with an active Florida registration.) The name and the Florida street address of the registered agent are: **INEXSELCYS MERCADO** Name 1219 KINGSWAY RD. Florida street address (P.O. Box NOT acceptable)

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.

City, State, and Zip

BRANDON, FL 33510

Megistered Ment's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

Title: "MGR" = Manager "MGRM" = Managing Mer	Name and Address:	
MGR	INEXSELCYS MERCADO	
	1219 KINGSWAY RD.	
BRANDON, FL 33510		
		·····
•		
		
F		
		
;		
•	>	<i>s</i> ≥
1	First Control of the	c er
		的 民
(Use attachment if necessar	ry)	
LEV: Effective date, if oth	er than the date of filing:	Z PTION
	ate must be specific and cannot be more than five busi	
days after the date of filing		4
	μα-γ ματο	
•		- '

Filing Fees:

\$125.00 filling Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

that the facts stated herein are true.) **INEXSELCYS MERCADO**

Page 2 of 2

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

Typed or printed name of signee