107000115699

| (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: |
| |
| |
| W07-51223 |

Office Use Only



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SECRETARY OF STAT TALLAHASSEE, FLOR

07 MOV 15 AM 9:3

COVER LETTER

| TO: Registration Se Division of Co | | | | | |
|---------------------------------------|---|--|-------------------------|--|--|
| SUBJECT: Eberwei | n by Design (DBA: Eberw | ein's Arthouse Coffeegalle | ery and Garden Bistro) | | |
| | (Name of Limite | d Liability Company) | | | |
| | f Organization and fee(s) are so | _ | | | |
| Julie D. Eb | • | of to the following. | | | |
| | (| Name of Person) | | | |
| Eberwein by | Design DBA Eberwe | in's Arthouse Coffeega | llery and Garden Bistro | | |
| | | Firm/Company) | | | |
| 417 S. Sa | nford Avenue | | | | |
| | | (Address) | | | |
| Sanford, F | florida 32771 | | | | |
| | (City | /State and Zip Code) | | | |
| For further information | concerning this matter, please | call: | | | |
| Julie D. Eberweir | า | at (407) 463-617 | 7 | | |
| (Name of Person) | | (Area Code & Daytime T | | | |
| | | \$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) | | | |
| | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301 | ns LAHASSI 5 | | |



October 16, 2007

JULIE D. EBERWEIN 417 S. SANFORD AVENUE SANFORD, FL 32771

SUBJECT: EBERWEIN BY DESIGN, LLC

Ref. Number: W07000051293

We have received your document for EBERWEIN BY DESIGN, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on October 15, 2007. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 507A00060848

O7 NOV 15 AM 9: 34
SECRETAR (OF STATE TALLAHASSEE FLORID)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| Eberwein by Des | | | | | | | |
|---------------------------|---|---|--|--|--|--|--|
| (Must end with the wo | ords "Limited Liability Com | npany, "Limited Company" or their abbreviation "LLC," o | or "L.C.,") | | | | |
| ARTICLE II - A | | ss of the principal office of the Limited Liab | bility Company is: | | | | |
| Principal Office Address: | | Mailing Address: | Mailing Address: | | | | |
| 417 S. Sanford Avenue | | 417 S. Sanford Avenue | | | | | |
| Sanford, Florida 32771 | | Sanford, Florida 32771 | | | | | |
| | | its own Registered Agent. You must designate an individun.) | | | | | |
| business entity with | an active Florida registration re Florida street addre | | 07 NOV SECRE | | | | |
| business entity with | an active Florida registration | ess of the registered agent are: | 07 NOV SECRE | | | | |
| business entity with | an active Florida registration re Florida street addre | n.) | O7 NOV 15 SECRETARIS | | | | |
| business entity with | an active Florida registration re Florida street addre | ess of the registered agent are: Name | O7 NOV 15 A | | | | |
| business entity with | an active Florida registration re Florida street addre Julie D. Eberwein 417 S. Sanford A | ess of the registered agent are: Name | O7 NOV 15 A | | | | |
| business entity with | an active Florida registration re Florida street addre Julie D. Eberwein 417 S. Sanford A | ess of the registered agent are: Name Newnue | 07 NOV 15 AH SECRETARY OF TALLAHASSEE, F | | | | |

egistered 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 (REQUIRED)

(CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

.

The name and address of each Manager or Managing Member is as follows:

| <u>Title:</u> "MGR" = Manager "MGRM" = Managing Member | Name and Address: | | | |
|--|--|--|--------|----------------------------|
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| | | <u></u> | - | |
| | | | • | |
| (Use attachment if necessary) | | | | |
| ARTICLE V: Effective date, if other than the dat (If an effective date is listed, the date must be sp to or 90 days after the date of filing.) | | OPTIC isiness | | , |
| REQUIRED SIGNATURE: | | SECR | 07 NOV | |
| | M | HASSI |)V 5 | () () () () () |
| | r an authorized representative of a member. | | £ | |
| of this document constitute that the facts stated herei | n 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury in are true.) | STATE | 9: 31 | |
| Julie D. Eberwein | | P | | |
| Typed | or printed name of signee | | | |

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)