212/20000000

(Requestor's Name)
(Address)
•
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
•
Certified Copies Certificates of Status
Consideration to Elliss Off
Special Instructions to Filing Officer:
· ·

Office Use Only



900114118179

01/10/08--01027--021 **155.00

08 JAN 10 PH 3: 01

G. MCLEOD

JAN 1 1 2008

EXAMINER

COVER LETTER

TO: Registration So Division of Co		
_{subject:} Java E	Buddies LLC	
	(Name of Limi	ted Liability Company)
The enclosed Articles of	Organization and fee(s) are	submitted for filing.
Please return all correspo	ondence concerning this mat	tter to the following:
Stephanie	Mitchell	
		(Name of Person)
Java Budd	lies LLC	
***		(Firm Company)
1577 W. P	owder Horn Road	d
		(Address)
Titusville, i	FL 32796	
	(Ci	ty State and Zip Code)
For further information c	oncerning this matter, pleas	e call:
Stephanie Mitchell		at 321 795-0332
(Name	of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for	the following amount:	
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$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 Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nat	me: imited Liability Cor	mnany is:		
The name of the La	matou Endonity Co.	inputy 15.		
Java Buddies	, LLC.			
(M	ust end with the words "L	imited Liability Company, "L.L.C.," or "LLC.")		
ARTICLE II - Ad	ldress:			
The mailing address	ss and street address	s of the principal office of the Limited Liability Com	pany	is:
Principal Office Address:		Mailing Address:		
Java Buddies, LLC.		same		
1577 W. Powder Hom	Road			
Titusville, FL 32796				
(The Limited Liability C	egistered Agent, R ompany cannot serve as it active Florida registration	Registered Office, & Registered Agent's Signature is own Registered Agent. You must designate an individual or another and the state of	HAL 80	SECR
The name and the	Florida street addre	ss of the registered agent are:	Ŧ	
Todd Boatman, CPA			0	7 12
		Name	<u></u>	
	2175-C Chen	ey Hwy. la street address (P.O. Box NOT acceptable)	3: <u>0</u>	
	Titusville	_{FL} 32780		
	C	City, State, and 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 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:

MGRM	Stephanie Mitchell	
	1577 W. Powder Horn Road	
	Titusville, FL 32796	
MGR	Kathy Johnston	
	3901 Hwy. 97	
	Molino, FL 32577	
MGR	Dennis Johnston	
	3901 Hwy. 97	
	Molino, FL 32577	
		
Use attachment if necessary)		
EV: Effective date, if other than the	ne date of filing: (OF	MOIT
	be specific and cannot be more than five busin	

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution

(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.)

Stephanie Mitchell

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)