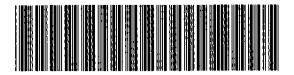
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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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B. KOHR

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EXAMINER

08 MOV 21 PM 4: 35

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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Toucan Coffee	
Campus 1 1-16	至 表
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	Art of Inc. File
	LTD Partnership File
e e	Foreign Corp. File
	L.C. File
	Fictitious Name File
·	Trade/Service Mark
	Merger File
	Art. of Amend. File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
•	Cert. Copy
	Photo Copy
·	Certificate of Good Standing
•	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
	Vehicle Search
	Driving Record
Requested by: Seth 1/2/ 1/3	UCC 1 or 3 File
Name Date Time	UCC 11 Search
	UCC 11 Retrieval
Walk-In Will Pick Up	Courier

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	RT	TOT	F	T	- N	ame
$\boldsymbol{\alpha}$		$\mathbf{x} \mathbf{v} \mathbf{I}$	41.		- 11	

The name of the Limited Liability Company is:

Toucan Coffee Company LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "I.I.C.")

ARTICLE II - Address:

Principal Office Address:

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

Mailing Address:

OS WILL SHE SS

	·
150 South Pine Island Road	150 South Pine Island Road
Suite 330	Suite 330
Plantation, Florida 33324	Plantation, Florida 33324

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 entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Richard M. Mogerman, P.A.

Name

150 South Pine Island Road, Suite 330

Florida street address (P.O. Box NOT acceptable)

Plantation

Fl. 33324

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 has registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

"MGR" = Mana; "MGRM" = Mai		Name and Address:
MGRM	laging Member	Harvey Slovin
MORM		150 South Pine Island Road, Suite 330
		Plantation, Florida 33324
MGRM	,	Michael Slovin
		150 South Pine Island Road, Suite 330
		Plantation, Florida 33324
		
	,	
		
(Use attachment	if necessary)	
•	• ,	date of filing: . (OPTIONAL)
ICLE V: Effective	date, if other than the	date of filing: (OPTIONAL) e specific and cannot be more than five business days
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CLE V: Effective effective date is lis 90 days after the d	date, if other than the sted, the date must be ate of filing.) GNATURE: Signature of a member (In accordance with sea	e specific and cannot be more than five business days per or an authorized representative of a member. ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the renalties of perjury