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## COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: DeJA Brew and Bean Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Amy E Leavey-Perez Name of Person
Firm/Company
269 McClain Drive
West Melbourne FL 32904 City/State and Zip Code
de ja brewcoffee house @ gmail. com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
AMY E Perez at 321 432-6911  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \ \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{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



November 23, 2009

AMY E LEAVEY-PEREZ 269 MCCLAIN DRIVE WEST MELBOURNE, FL 32904

SUBJECT: DEJA BREW AND BEAN L.L.C.

Ref. Number: W09000051428

We have received your document for DEJA BREW AND BEAN L.L.C. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date is not acceptable since it is not within five working days of the date of receipt.

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) 245-6067.

Letter Number: 909A00036243

Neysa Culligan Regulatory Specialist II

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
DEJA BREW AND BEAN L.L.C.  (Must end with the words "Limited Liability Company," "L.L.C.," or "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:
269 McClain Drive SAME WEST MELBOURNE, FC 32904
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:
Amy E PEREZ Name SS I
Florida street address (P.O. Box NOT acceptable)  Florida street address (P.O. Box NOT acceptable)
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

(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:
MGRM	A. PEREZ 269 McClain Drive WEST MELBOURNE, FL 32904
	date of filing:
required signature:	Purgar or an authorized representative of a member.
(In accordance with sec of this document const that the facts stated her	ction 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury
Filing Fees:  \$125.00 Filing Fee for Articles of Orgal of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	nization and Designation