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(Req	uestor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	s of Status
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SLUNDAN OF STATE

B. BOSTICK

JUN - 9 2011

EXAMINER

COVER LETTER

TO: Registration of	on Section f Corporations	
SUBJECT:	Temifer's Cafe Name of Limited Liability Company	
The enclosed Article	es of Organization and fee(s) are submitted for filing.	
Please return all con	respondence concerning this matter to the following:	
<u></u>	CAYOS A CINTIUM Name of Person	
	Jennifer J Cafe	
	1401 manyage que west	@ 100 -
	BrASen to N J 37205 City State and Zip Code	AHASSH - B
_	City State and Zip Code	Mo F
	E-mail address: (to be used for future annual report notification)	0R 1
For further informat	tion concerning this matter, please call:	DA 7
(Ar/o() _{Na}	ame of Person at (941) 5 & 7 & Area Code & Daytime Telephone N	, 80 Z umber
Enclosed is a chec	ck for the following amount:	
\$125.00 Filing Fee	Certificate of Status Certified Copy Certi (additional copy is enclosed) Certi	.00 Filing Fee, ficate of Status & fied Copy ional copy is enclosed)
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Tennifers (Afe L.C.L.'

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

ARTICLE II - Address:

Principal Office Address:

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

Mailing Address:

1401 mannage are west \$100	Jennifels Cafe	1 200	
BYAdenton & (74705	Dradento~ II 3420\$, 100	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regis business entity with an active Florida registration.)			
Bradenton	<u>Cintion</u> Larians	JUN-8 AMIII	Dear I to the Control

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)

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

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

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGR_	CANOS A CINTION 1820 3Rd Ave EAST
100 1 0 100	Bracentonil
101GX101	Jennifer Cintron
	Brackwon P 34200
	
	AFI II: 1
(Use attachment if necessary)	TATE
•	e date of filing: (OPTIONAL)

REQUIRED SIGNATURE:

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 that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

chac 1 /- 1

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)



May 23, 2011

CARLOS A CINTRON 1401 MANNATE AVE. WEST #100 BRADENTON, FL 34205

SUBJECT: JENNIFER'S CAFE Ref. Number: W11000028221

We have received your document for JENNIFER'S CAFE and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Upon receipt of your document the form was incomplete. Enclosed is a complete form. Please fill out and return to our office.

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) 245-6870.

Letter Number: 211A00012665

Karen A Saly Regulatory Specialist II

www.sunbiz.org

District of Company tions D.O. DOV 6997 Mallaharras Elavida 9991