

L12000020754

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

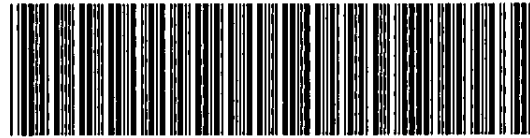
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2012 FEB 10 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

FEB 13 2012

EXAMINER

February 07, 2012

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Limited Liability Corporation/Coffeyworks, LLC

Please see my enclosed check for the amount of \$130.00. This fee covers the following:

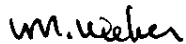
- \$125.00 Filing fee for Articles of Organization and Designation of Registered Agent
- \$5.00 Certificate of Status

My personal contact information is as follows:

Martha Weber
1552 Paloma Lane
Dunedin, FL 34698
727-734-2786-phone
727-812-9548-fax

Should you have any questions or comments, please contact at the number provided above.

Kind Regards,



Martha Weber

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SECRETARY OF STATE
TALLAHASSEE, FL 32314

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Coffeyworks, LLC

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:

Martha Weber

Name of Person

Coffeyworks, LLC

Firm/Company

1552 Paloma Lane

Address

Dunedin, FL 34698

City/State and Zip Code

coffeyworks@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Martha Weber

Name of Person

at (727) 734-2786

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee
mw
2/12

☒ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
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

2012 FEB 10 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FL 32301

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Coffeyworks, LLC

(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:

1552 Paloma Lane
Dunedin, FL 34698

Mailing Address:

1552 Paloma Lane
Dunedin, FL 34698

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:

Martha Weber

Name

1552 Paloma Lane

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

Dunedin

FL 34698

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.

Martha Weber

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Martha Weber

1552 Paloma Lane

Dunedin, FL 34698

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 01MARCH2012. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Martha Weber
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.)

MARTHA WEBER
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)

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2012 FEB 10 AM 10:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA