## L12000023383

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

Office Use Only



700221679887

C. LEWIS FEB 1 7 2012 EXAMINER

## COVER LETTER

TO: Registration S  Division of Co			
SUBJECT: The Co	ffee Intersection LLC		
	Name of Limit	ed Liability Company	
The enclosed Articles o	of Organization and fee(s) are	submitted for filing.	
Please return all corresp	condence concerning this mat	ter to the following:	
Peter Thomps	son		
		Name of Person	
The Coffee In	ntersection		
		Firm/Company	
1186 SW 158	th Way		
		Address	
Pembroke Pir	nes, FL 33027		
	Cit	y/State and Zip Code	
thecoffeeinter	section@gmail.com		
	E-mail address: (to be used	for future annual report notification)	
For further information	concerning this matter, please	e call:	
Peter Thompson		at ( 954 ) 431-7346	
Name	of Person	Area Code & Daytime Telephone Number	_
Enclosed is a check for	or the following amount:		
\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)  \$160.00 Filing Certificate of S Certified Copy (additional copy is	Status &
	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

ity Company, "L.L.C.," or "LLC.")
incipal office of the Limited Liability Company is:
Mailing Address:
1186 SW 158th Way
Pembroke Pines
FL 33027
egistered agent are:  nt LLC.  TE 100-B180  TE 100-B180
ress (P.O. Box NOT acceptable)
FL 33607 ite, and Zip
coccept service of process for the above stated limited his certificate, I hereby accept the appointment as a. I further agree to comply with the provisions of all reformance of my duties, and I am familiar with and attered agent as provided for in Chapter 608, F.S  Dan Keen - Manager  are (REQUIRED)

Page 1 of 2

FILED

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

The name and address of each Manager or Managing Member is as follows: 2012 FEB 16 AM II: 02

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Membe	Name and Address:	SECRETARY OF STATE TALLAHASSEE, FLORIC
"MGRM"	Gyliane Fouche	
	17065 SW 33rd Court Miramar, Florida, 33027	
"MGRM"	Peter Thompson	
	1186 SW 158th Way	
	Pembroke Pines, Florida, 33027	7
		<del></del>
<del></del>		
(Use attachment if necessary)		
	nan the date of filing: nust be specific and cannot be more than	
REQUIRED SIGNATURE:	At Amhau	
Signature of a	member or an authorized representative of a m	ember.
(In accordance with sec	tion 608.408(3), Florida Statutes, the execution of t	this document
	on under the penalties of perjury that the facts states information submitted in a document to the Depa	

Peter G. Thompson

Typed or printed name of signee

constitutes a third degree felony as provided for in s.817.155, F.S.)

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)