

L12000065319

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

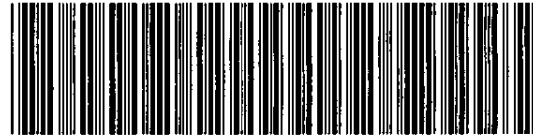
Special Instructions to Filing Officer:

Office Use Only

B. KOHR

MAY 15 2012

EXAMINER



300234891613

05/10/12--01015--023 **125.00

RECEIVED
STATE FILING OFFICE
DIVISION OF CORPORATIONS
12 MAY 10 PM 2 03

12 MAY 10 PM 3 52



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 14, 2012

FADI RABIL
2412 PINWOODS CIRCLE
NAPLES, FL 34105

SUBJECT: SWEET PEA CAFE, LLC
Ref. Number: W12000026594

12 MAY 10 PM 2:03
RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

We have received your document for SWEET PEA CAFE, LLC 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The existing entity with a similar name is SWEET PEAS CAFE, INC -- Document Number P11000006813.

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) 245-6051.

Buck Kohr
Regulatory Specialist II

Letter Number: 112A00014236

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sweet Pea Cafe, LLC

Name of Limited Liability Company

Tax ID = 45-5164141

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Fadi Rabil

Name of Person

Firm/Company

2412 Pinewoods Circle

Address

Naples, FL 34105

City/State and Zip Code

fadi.rabil@gmail.com

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

For further information concerning this matter, please call:

Fadi Rabil

Name of Person

at (239) 682-6616

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$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

RECEIVED
DIVISION OF CORPORATIONS
12 MAY 10 PM 2:00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Sweet Pea Cafe of Naples, 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:

2412 Pinewoods Circle

Naples, FL 34105

Mailing Address:

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:

Fadi Rabil

Name

2412 Pinewoods Circle

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

Naples

FL 34105

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..

Fadi Rabil
Registered Agent's Signature (REQUIRED)

(CONTINUED)

12 MAY 10 PM 2:03
STATE OF FLORIDA
DIVISION OF CORPORATE REGISTRATION

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:

MGRM

Fadi Rabil

2412 Pinewoods Circle

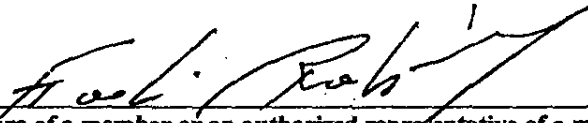
Naples, FL 34105

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (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:



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.)

Fadi Rabil

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)