# L12000 136752

(Requestor's Name)
(Requester 5 Hame)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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EXAMINED



100240902341

10/25/12--01010--018 \*\*160.00



# COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Coffee Creations & Creperie, 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:

Rupert Feiten	
	Name of Person
4,44,44,44,44,44,44,44,44,44,44,44,44,4	Firm/Company .
503 NW 20th Ave	
	Address
Cape Coral, FL 33993	•
Cit	y/State and Zip Code
rupert.feiten@gmail.com	
	for future annual report notification)
For further information concerning this matter, please	e call:
Claudia Hoh	at (239 ) 560-2067
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\times \text{\$130.00 Filing Fee & Certificate of Status}\$	\$155.00 Filing Fee &
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

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The name of the Limited Liability Company is:

## Coffee Creations & Creperie, 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

Principal Office Address:	Mailing Address:
2924 Del Prado Blvd South	503 NW 20th Ave
Cape Coral, FL 33904	Cape Coral, FL 33993

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:

Rupert Feiten	
	Name
503 NW 20th	n Ave
Florida	street address (P.O. Box NOT acceptable)
Cape Coral	<sub>FL</sub> 33993
	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..

Registered Agent's Signature (REQUIRED)

(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:

MGR	Rupert Feiten
	503 NW 20th Ave
•	Cape Coral, FL 33993
UGR M	Claudic Hoh
	503 NW 20+ Are
	Cape Coral, FL 33993
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(Use ottoch went if necessary)	•.
(Use attachment if necessary)	
LE V: Effective date, if other t	
fective date is listed, the date in days after the date of filing.)	must be specific and cannot be more than five business da
days after the date of hings.	
DECLUDED CLONATUDE.	
REQUIRED SIGNATURE:	
,	Ca Tour

Rupert Feiten

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)

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