

L13000001438

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

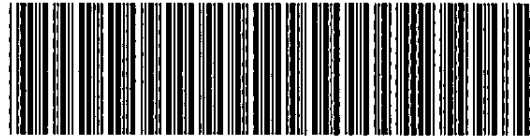
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2012 DEC 26 AM 9:00

FILED

J. SAULSBERRY  
EXAMINER

JAN 03 2013

(850) 245-6051

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **HAV A JAVA GRILL & CAFE, 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:

**Oren J. Schneiderovitch**

Name of Person

Firm/Company

**2711 Tamiami Trail Unit A**

Address

**Port Charlotte, Florida 33952**

City/State and Zip Code

**www.havajavagrill@gmail.com**

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

For further information concerning this matter, please call:

**Oren J. Schneiderovitch** at **(941) 628-4494**

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2012 DEC 26 AM 9:00

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November 15, 2012

Florida Department Of State  
Division Of Corporations

Subject: HAV A JAVA GRILL & CAFÉ, LLC.  
Doc: L09000075682  
FEIN: 27-0684934

I, Oren J. Schneiderovitch former owner of HAV A JAVA GRILL & CAFÉ, LLC., Registration Number: L09000075682 acknowledge that I will not revoke the Dissolution on this limited liability company.

I have made application and will be filing for a new limited liability company and request the use of the name Hav A Java Grill & Café, LLC. to be used as my new limited liability name.

Respectfully,



Oren J. Schneiderovitch  
Owner  
Manager  
Hav A Java Grill & Café, LLC.

Cc: File Copy  
Encl: Articles/LLC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2012 DEC 26 AM 9:00

FILED

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

HAV A JAVA GRILL & CAFE, 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:

2711 Tamiami Trail Unit A

Port Charlotte, Florida 33952

### Mailing Address:

2711 Tamiami Trail Unit A

Port Charlotte, Florida 33952

## 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:

Oren J. Schneiderovitch

Name

2711 Tamiami Trail Unit A

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

Port Charlotte, FL 33952

City, State, and Zip

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2012 DEC 26 AM 9:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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

"MGRM" = Managing Member

**Name and Address:**

MGR.

Oren J. Schneiderovitch

2711 Tamiami Trail Unit A

Port Charlotte, Florida 33952

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_


\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: December 26, 2012 (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 Banking and Finance constitutes a third degree felony as provided for in s.817.155, F.S.)

Oren J. Schneiderovitch

Typed or printed name of signee

FILED  
2012 DEC 26 AM 9:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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)