

4/22/13

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : HURCO
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APR 23 2013
L. SELLERS

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: trevor.davis67@yahoo.com

FLORIDA LIMITED LIABILITY CO.
Taste of the Islands Mobile Cafe LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

RECEIVED
13 APR 22 PM 4:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
13 APR 22 ... 2:11
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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **Taste of the Islands Mobile Cafe LLC**

ARTICLE II - Address

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

12543 Wages Way East

12543 Wages Way East

Jacksonville, FL 32218

Jacksonville, FL 32218

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature

The name and Florida street address of the registered agent are:

Trevor Davis

Name

12543 Wages Way East

(P.O. Box or Mail Drop Box **NOT** Acceptable)

Jacksonville, FL 32218

(City / State / 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 - Trevor Davis

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Trevor Davis - 12543 Wages Way East, Jacksonville, FL 32218

MGRM

Avis Davis - 12543 Wages Way East, Jacksonville, FL 32218

(Use attachment if necessary)

REQUIRED SIGNATURE:



Signature of a member or 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.)

Trevor Davis

Typed or printed name of signee