Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000225678 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)222-1092

Fax Number

: (850)878-5368

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

| Email : | :aserbb4 | | |
|---------|----------|--|--|

FLORIDA LIMITED LIABILITY CO. SSC344826, LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$125.00 |

OCT 11 2013 T CLINE

Electronic Filing Menu

Corporate Filing Menu

Help

(850) 245-6051.

COVER LETTER

| · | COVER | LETIER | | |
|---|---|---|---|--------------------|
| TO: Registration Section Division of Corpora | | | | |
| SUBJECT: SSC344 | 4826, LLC | | | |
| • | Name of Limited | Liability Company | | |
| The enclosed Articles of Organ | nization and foc(s) are sub | emitted for filling. | | |
| Please return all corresponden | ce concerning this matter | to the following: | • | |
| Chris Mell | gren | | | |
| | N | ame of Person | | |
| Surfside C | offee Comp | any LLC | | _ |
| | F | inn/Company | F | |
| 6518 Lake | Burden Vie | ew Drive | F) La Ti | |
| | | Address | . (1 | |
| Winderme | re, FL 3478 | 6 | kaj Beli gri | |
| -1 | Criy/S | State and Zip Code | | 1 1 1 1 1 1 |
| cnris.meilgr | en@surfside | coffeeco.com | | |
| Par further information concer | | • | 2. | - F |
| Ling W. Kong | , Esq. | 212 547-54 | 22 | |
| Name of Pers | GCL | Area Code & Dayting Telepi | ione Number | |
| Enclosed is a check for the | following amount: | | | |
| | 130.00 Filing Fee & C ertificate of Status | OS155.00 Filing Fee & Certified Copy (additional copy is enclosed) | \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed | |
| Rej Div P.C | niling Address gistration Section vision of Corporations b. Box 6327 lahassee, FL 32314 | Street/Courier Address Registration Section Division of Corporations Clifton Building 2061 Executive Center Cit Tallahassee, FL 32301 | rele | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE 1 - | Name: | | |
|-------------------------------|---|--|-------------|
| The name of th | ne Limited Liability Compa | ny is: | |
| SSC344826, LL | | | |
| | (Must end with the words "Limite | d Liability Company, "L.L.C.," or "LLC.") | |
| ARTICLE II | | the principal office of the Limited Liability Company | is: |
| Principal Offi | ice Address: | Mailing Address: | |
| do Fireman Ca | pilal Partners | c/o Fireman Capital Partners | |
| | treet, 24th Floor | 800 Boylston Street, 24th Floor | |
| Boston, MA 021 | 199 | Bosion, MA 02199 | 2013 OCT 10 |
| The name and | the Florida street address o Chris Mellgren 6518 Lake Burden View | Name (C) | 8 t 18 kg 0 |
| | | reet address (P.O. Box NOT acceptable) | |
| | Windermere | FI 34786 | |
| liability co registered as | named as registered agent a mpany at the place designat gent and agree to act in this relating to the proper and co he obligations of my positive | City, State, and Zip and to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions and the provisions of the performance of my duties, and I am familiar with a register of the performance of the provided for in Chapter 608, F. Signature (REQUIRED) | s of |
| | (CO | NTINUED) | |

Page 1 of 2

| <u>Title:</u> "MGR" = Manager | Name and Address: | |
|---------------------------------------|--|---------------------------------------|
| "MGRM" = Managing Member | | |
| MGRM | Surfside Coffee Company LLC | |
| | 800 Boylston Street, 24th Floor | |
| | Boston, MA 02199 | |
| | | |
| | | |
| | | — Pica 5 |
| | · | |
| | | \$2.55.000 |
| | | |
| | | % 5 |
| | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| | | |
| | | |
| | | |
| (Use attachment if necessary) | | |
| • | | |
| LE V: Effective date, if other than t | he date of filing: | . (OPTIONAL) |
| effective date is listed, the date mu | ut be specific and cannot be more than | five business days |
| or 90 days after the date of filing.) | | |

(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 fellony as provided for in s.817.155, F.S.)

Signature of a member or an matherized animitive of a member.

Chris Meligren, Chief Executive Officer

Typed or printed name of signee

Filing Fres:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Page 2 of 2