

L14000005368

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

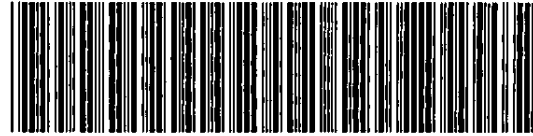
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W14-2018

Office Use Only



800255135348

01/06/14--01026--011 **160.00

FILED
2014 JAN - 6 PM 12:54
SECRETARY OF STATE
TALLAHASSEE FLORIDA

JAN 10 2014
D. BRUCE

(850) 245-6051.

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **Our Coffee Guatemala, 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:

Mr. Lynn Willis

Name of Person

Our Coffee Guatemala, LLC

Firm/Company

740 S. Heritage Creek Way

Address

St. Augustine, FL 32084

City/State and Zip Code

lynnwillis@ourcoffeeguatemala.com

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

For further information concerning this matter, please call:

Mr. Lynn Willis

Name of Person

at **386 566-5849**

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

2014 JAN - 6 PM 12: 54
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Our Coffee Guatemala L.L.C.

(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:

740 S. Heritage Creek Way
Saint Augustine, Florida 32084

Mailing Address:

740 S. Heritage Creek Way
Saint Augustine, Florida 32084

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:

Mr. Lynn Willis

Name

740 S. Heritage Creek Way

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

Saint Augustine, Florida 32084

City, State, and Zip

FILED
2014 JAN - 6 PM 12:54
RECEIVED
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..

Lynn Willis

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

Mr. Lynn Willis

740 S. Heritage Creek Way

St. Augustine, FL 32084

MGR

Alejandro Quan

24 Calle B 11-10 Zona 1 Mixco

Lodecoy, Guatemala Central America

MGRM

Debra Willis

740 S. Heritage Creek Way

St. Augustine, FL 32084

MGRM

Claudia Bucaro

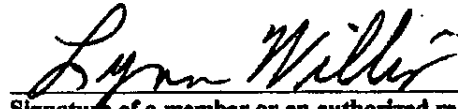
2626 White Magnolia Way

Sanford, FL 32771

(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.)

Lynn Willis

Typed or printed name of signer

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)

FILED
2014 JAN - 6 PM 12:54
SECRETARY OF STATE
TALLAHASSEE FLORIDA