## 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 : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)222-1092

Phone 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 Address:

## FLORIDA LIMITED LIABILITY CO. SSC344273, LLC

Certificate of Status	0
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Page Count	04
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Electronic Filing Menu

Corporate Filing Menu

Help

JAN 3 0 2013

T. HAMPTON

1/29/2014

## COVER LETTER

	egistration Section ivision of Corporations
SUBJECT	· <del>/ </del>
	Name of Limited Liability Company
The enclos	ed Articles of Organization and fee(s) are submitted for filing.
Please retu	m all correspondence concerning this matter to the following:
	Andrea Duncliffe
	Name of Person
	McDermott Will & Emery LLP
	Firm/Company
	340 Madison Avenue
	Address
	New York, NY 10173
	City/State and Zip Code
	chris.mellgren@surfsidecoffeeco.com  E-mail address; (to be used for future annual report notification)
For further	information concerning this matter, please call;
Andrea Di	Name of Person Area Code Daytime Telephone Number
Unalegad i	a sheek for the fallowing amount.
\$125.00 F	s a check for the following amount:  Illing Fee \$\infty\$
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Street/Courier Address Registration Section Division of Corporations Ctifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION F	OR FLORIDA LIM	TED LIABILITY	COMPANY		
ARTICLE I - Name: The name of the Limited Liability Company is:					
SSC344273, LLC					
(Must end with the words "Lim	nited Liability Cor	npany, "L.L.C"	or "LLC.")		
ARTICLE II - Address; The mailing address and street address of the princip	oal office of the L	mited Liability C	ompany is:		
Principal Office Address:	<u> Iniling Address:</u>				
c/o Fireman Capital Partners	c/o Firem	an Capital Partne	rs		
800 South Street, Suite 600		800 South Street, Suite 600			
Waltham, MA 02453	Waltham.	MA 02453			
ARTICLE III - Registered Agent, Registered Off (The Limited Liability Company cannot serve as its another business entity with an active Florida regist The name and the Florida street address of the regist	own Registered A			ial or	
Chris Meligren	_				
	lame				
6518 Lake Burden View Dr	ive				
Florida street address (P.O.	<del></del>	table)			
Windernere	El	34786			
City		Zip			
By: Registered Agent's S	accept the appoint itions of all statutes he obligations of n Chapter 605, F.S.	ment as registered relating to the pr y position as regi.	l agent and agree to oper and complete p	act in this performance	
			a a	m =	

	Title: "AMBR" = Authorized N	.famban	Name and Address:		
"MGR" = Manager MGR	-	Surfside Coffee Company LLC 800 Soutth Street, Suite 600 Waltham, MA 02453			
••••	**************************************				
(If an e	(Use attachment if necessive date, if of feetive date is listed, the ce of filing.)	her than the date of filing:	d cannot be more than five busines	. (OPTIONAL) s days prior to or 90 days aft	er
ARTIC	LE VI: Other provisions, it	ſany.			
	REQUIRED SIGNATI	JRE:			
	(In accordant constitutes I am aware	ce with section 605.0203 an affirmation under the that any false informatio	an authorized representative of a (1) (b), Florida Statutes, the execut penalties of perjury that the facts standard in a document to the Deprovided for in s.817.155, F.S.)	ion of this document ted herein are true.	

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)

Chris Mellgren, Chief Executive Officer
Typed or printed name of signee

Page 2 of 2