Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

: C T CORPORATION SYSTEM Account Name

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. SSC349981, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

K. SALY EXAMINER JAN 3 0 2014

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

	egistration Section livision of Corporations	
SUBJECT	. SSC349981, LLC	
SUBJECT		mited Liability Company
The angles	and Amindra of Organization and Saviet	and submitted for filter
	ed Articles of Organization and fee(s)	Ç
Picase retu	ım all correspondence concerning this r	natter to the following:
	Andrea Duncliffe	
		Name of Person
	McDermott Will & Emery LLP	
		Firo/Company
	340 Madison Avenue	
		Address
	New York, NY 10173	
		City/State and Zip Code
	chris.mellgren@surfsidecoffeeco.cor	n
	E-mail address:	(to be used for future annual report notification)
For further	r information concerning this matter, pl	ease call:
Andrea D	uncliffe	212 547-5317
- Indian	Name of Person	Area Code Daytime Telephone Number
·	s a check for the following amount:	
_]\$125.00 F	iling Fee \$\bigs\bigs\\$130.00 Filing Fee &\Certificate of Status	X \$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy Certificate of Status &
		(additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section	Street/Courier Address Registration Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327 Tallahassec, FL 32314	Clifton Building 2661 Executive Center Circle
	, ditaliassee, 1.1. 32314	Tallahassee, Fl. 32301

FILED

2014 JAN 29 PM 12: 01

SECKETARY OF STATE

APANY

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is: SSC349981, 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:	Mailing Address:
c/o Fireman Capital Partners 800 South Street, Suite 600 Waltham, MA 02453	c/o Fireman Capital Partners 800 South Street, Suite 600
Walinam, MA 02453	Waltham, MA 02453

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:

Chris Mellgren		
Na	me	
6518 Lake Burden View Driv	re	
Florida street address (P.O. I	Box <u>NOT</u> accep	stable)
Windemere	FL	34786
City		Zio

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 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	Surfalde Coffee Commons II C
MGR	Surfside Coffee Company LLC 800 South Street, Suite 600
	Waltham, MA 02453
	Walterin, West (2242)
	
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EV: Effective date, if other than the de ective date is listed, the date must be	nte of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 96
ective date is listed, the date must be of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	specific and cannot be more than five business days prior to or 96
E V: Effective date, if other than the decetive date is listed, the date must be of filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with sectic constitutes an affirmation I am aware that any false	member or an authorized representative of a member. In 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State is felony as provided for in s.817.155, F.S.)
E V: Effective date, if other than the decetive date is listed, the date must be of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a constitutes an affirmation I am aware that any false constitutes a third degree	member or an authorized representative of a member, on 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true, information submitted in a document to the Department of State efelony as provided for in s.817.155, F.S.)
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