L14000024274

(F	Requestor's Name)
(A	Address)
(A	Address)
(C	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(E	Business Entity Name)
(0	Document Number)
Certified Copies	Certificates of Status
Special Instructions t	o Filing Officer:

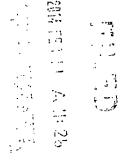
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B. BOSTICK FEB **12** 2014

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

COSI CONCEPTS	LLC		
			Art of Inc. File LTD Partnership File Foreign Corp. File L.C. File Fictitious Name File Trade/Service Mark Merger File Art. of Amend. File RA Resignation Dissolution / Withdrawal Annual Report / Reinstatement Cert. Copy Photo Copy Certificate of Good Standing Certificate of Status Certificate of Fictitious Name Corp Record Search Officer Search Fictitious Search
Signature			Fictitious Owner Search Vehicle Search
			Driving Record
Requested by: BA			UCC 1 or 3 File
	2/5/14		UCC 11 Search
Name	Date	Time	UCC 11 Retrieval
Walk-In	Will Pick U	p	Courier

COVER LETTER

TO: Registration Section Division of Corporations	•
SUBJECT: COSI COOCED+S	-
Name of Limited Liability Company	•
The enclosed Articles of Organization and fee(s) are submitted for filing.	. <u>Ca</u>
Please return all correspondence concerning this matter to the following:	7/3
Michele S. De Maria	
Name of Person	
<u>Cosi concepts</u>	<u> </u>
Firm/Company	(52
320 Granello Ave Apt 103	-
Address	
_coral bables, FL 33146	
City/State and Zip Code MSdemaria@amail.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Michele DeMarian 1760, 335 5722 Name of Person Area Code Daytime Telephone Number	-
Raclosed is a check for the following amount:	
\$125.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 F Certificate of Status Certified Copy (additional copy is enclosed) Certified	e of Status &
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Mailing Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	B:	
<u>cosi</u> concep		·
(Must end with the word	is "Limited Liability Company, "L.L.C.," or "Li	LC.")
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liability Compa	ny is:
Principal Office Address:	Mailing Address:	
320 branello Ave Apt 103 Coral bables AL, 3314L	320 branello A Aptios Coral bables FL	<u>., 3514</u> 6
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve another business entity with an active Florida	as its own Registered Agent. You must design:	ate an individual or
The name and the Florida street address of the	e registered agent are:	ca ca
Michele De	Maria	encine encine encode
	Name	
<u>320 bran</u>	ello Ne apt 103	ga namana a sa
Plorida street addres	s (P.O. Box <u>NOT</u> acceptable)	
<u>Coral bab</u>	101 R.PL 33146	
City	y Zip	2
the place designated in this certificate, I he capacity. I further agree to comply with the	to accept service of process for the above stated i ereby accept the appointment as registered agent provisions of all statutes relating to the proper a ccept the obligations of my position as registered Chapter 605, F.S.	t and agree to act in this and complete performance
. Registered Ag	gent's Signature (REQUIRED)	

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBEMER	Will Michele DeMaria 370 branella Alexapticis Coral bables EL \$3146
·	
	· · · · · · · · · · · · · · · · · · ·
(Use attachment if necessary) EV: Effective date, if other than the date of the date is lightly date in the date.	of filing: (OPTIONAL)
LE V: Riffective date, if other than the date of fective date is listed, the date must be spe of filing.) LE VI: Other provisions, if any.	cific and cannot be more than five business days prior to or 90 d
LE V: Riffective date, if other than the date of fective date is listed, the date must be spe of filing.) LE VI: Other provisions, if any.	of filing:, (OPTIONAL)
LE V: Rifective date, if other than the date of fective date is listed, the date must be spe of filling.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mer (in accordance with section of constitutes an affirmation or I am aware that any false inf	cific and cannot be more than five business days prior to or 90 d
LE V: Riffective date, if other than the date of fective date is listed, the date must be spe of filling.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mer (In accordance with section 6 constitutes an affirmation ur I am aware that any faire in constitutes a third degree fel	mber or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document ader the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State

Page 2 of 2