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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name

: CLARA GIRALDO, P.A.

Account Number: [119990000017

Phone Fax Number : (305)465-9300 : (305)485-1098

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

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## FLORIDA LIMITED LIABILITY CO. THREEFOLD CAFE, LLC.

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

OF

## THREEFOLD CAFÉ, LLC.

ARTICLE I - NAME.

The name of the Limited Liability Company is:

THREEFOLD CAFÉ, LLC.

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ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

777 BRICKELL AVE STE 702 MIAMI, FL. 33131

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:

The name and the Florida street address of the registered agent are:

## NICHOLAS SIMON SHARP

777 BRICKELL AVE STE 702
Florida street address ( P.O.BOX NOT acceptable)

MIAMI, FL. 33131

City, State, and Zip

CLARA GIRALDO P.A. 4080 SW 84 AVENUE SUITE C MIAMI, FL 33155 PH.: (305) 485-9300 H14 0000 453723

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

ARTICLE IV- MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

NICHOLAS SIMON SHARP 777 BRICKELL AVE STE 702 MIAMI, FL. 33131

MANAGER

DIANA M. DUBON 777 BRICKELL AVE STE 702 MIAMI, FL. 33131

MANAGER

CHE SCOTT 777 BRICKELL AVE STE 702 MIAMI, FL. 33131 MANAGER

(An additional afficie must be added if an effective date is requested)

Signature of a member or an authorized representative of a member.

(In accordance with section 605,0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

NICHOLAS SIMON SHARP

Typed or printed name of signee