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| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ad | ldress) | |
| (Ad | ldress) | |
| | | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | mel |
| (50 | omess Emily Har | , |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| | | |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

| TO: | Registration Section Division of Corporations |
|------------|--|
| SUBJE | PARKER JAMES OFFEE & TEA Name of Limited Liability Company |
| | Additional Electrical Electrical Company |
| The enc | losed Articles of Organization and fee(s) are submitted for filing. |
| Please r | eturn all correspondence concerning this matter to the following: |
| | DONALD PARKER |
| | DONALD PARKER Name of Person |
| | PARKER JAMES COFFEE & TEA |
| | Firm/Company |
| | 1101 DUNAD AVENUE |
| | Address |
| | OPA WCKA, FWIDA 33054 City/State and Zip Code |
| | City/State and Zip Code |
| | DPARKER 6 PARKER JAMES COFFEE. COM |
| | E-mail address: (to be used for future annual report notification) |
| For furth | ner information concerning this matter, please call: |
| BURGE | CD PARKER at (510) 485. 8825 |
| <u> </u> | Name of Person Area Code Daytime Telephone Number |
| Enclose | d is a check for the following amount: |
| □ \$125.00 | Filing Fee Status Statu |
| | |

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: | |
|---|---|
| | 6 |
| PAIRKER JAMES COFFEE & TEA, LL | - (|
| (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: | |
| BOI BRICKELL AVENUE 1101 DUNAD AVENUE 501TE 900 DRA LOCKA, FLOKE MIAMI, FLOKIPA 33131 33054 | E IDA |
| 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 in another business entity with an active Florida registration.) | dividual or |
| The name and the Florida street address of the registered agent are: | |
| RONIA WORLD WIDE, LL C | |
| Name | |
| 801 BRICKELL AVENUE SITE 90 | $\mathcal{O}_{\mathcal{C}}$ |
| Florida street address (P.O. Box NOT acceptable) | |
| W(AM) = 33131 | |
| $\frac{\text{City}}{\text{City}} \frac{33131}{\text{Zip}}$ | |
| Having been named as registered agent and to accept service of process for the above stated limited lethe place designated in this certificate, I hereby accept the appointment as registered agent and age capacity. I further agree to comply with the provisions of all statutes relating to the proper and composition for my duties, and I am familiar with and accept the obligations of my position as registered agent as Chapter 605, F.S Registered Agent's Signature (REQUIRED) | ree to act in this plete performance |
| Page 1 of 2 | 0 2 - |

| <u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager | Name and Address: |
|---|---|
| MGR | ROJE TYN S 1101 DUNAD ANGWE |
| MGR | DAMED PARKER 191 WHAD EVENUE 37054 |
| | |
| | |
| - · · | ate of filing: 9.17.2014 (OPTIONAL) |
| EV: Effective date, if other than the dective date is listed, the date must be a filling.) | ate of filing: 9.17.2014 (OPTIONAL) specific and cannot be more than five business days prior to or 90 |
| | |
| E V: Effective date, if other than the dective date is listed, the date must be a filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a regular of a regular contact of the section | member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. ormation submitted in a document to the Department of State only as provided for in s.817.155, F.S.) |
| E V: Effective date, if other than the dective date is listed, the date must be a filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a regular of a regular conduction with section | member of an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document detribute of perjury that the facts stated herein are true. formation submitted in a document to the Department of State only as provided for in s.817.155, F.S.) |