

L15000001055

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

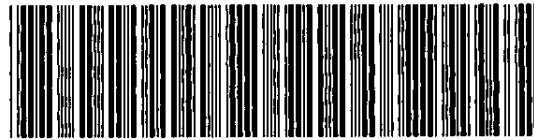
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300265737633

300265737633  
01/06/15--01001--001 \*\*130.00

EFFECTIVE DATE

1/15/15

RECEIVED  
15 JAN -5 PM 2:24  
DIVISION OF CORPORATIONS

15 JAN -5 PM 2:30  
RECEIVED  
TALLAHASSEE FL 32399

APPROVED  
AND  
FILED

JAN - 5 2015

T. HAMPTON

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TEATOWN CAFE LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARNIE BETTRIDGE  
Name of Person

TEATOWN  
Firm/Company

621 INDUSTRIAL DRIVE  
Address

Tallahassee, Florida 32310  
City/State and Zip Code

teatowntallahassee@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARNIE BETTRIDGE at ( 850 ) 694 2153  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &  
Certificate of Status

Wdb

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

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

EFFECTIVE DATE

1/5/15

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TEATOWN CAFE 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:

621 Industrial drive  
Tallahassee Florida 32310

Mailing Address:

621 Industrial drive  
Tallahassee Florida 32310

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:

MARNIE BETTRIDGE  
Name

9013 Warbler St  
Florida street address (P.O. Box NOT acceptable)

Tallahassee FL 32305  
City Zip

*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.*

[Signature]  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

APPROVED  
AND  
FILED  
15 JAN -5 PM 2:30  
TALLAHASSEE, FLORIDA  
SIOUX COUNTY CLERK

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

AMBR

AMBR

MARNIE BETTRIDGE  
9013 Warbler Dr  
Tallahassee Florida 32305

JAY Corrales  
9013 Warbler Dr  
Tallahassee Florida 32305

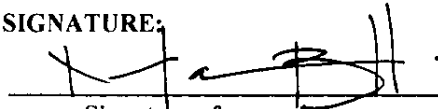
(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: Jan 15th 2015 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



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.

I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

MARNIE BETTRIDGE  
Typed or printed name of signee

**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)

APPROVED  
AND  
FILED  
15 JAN -5 PM 2:30  
TALLAHASSEE, FLORIDA