

L150000 67934

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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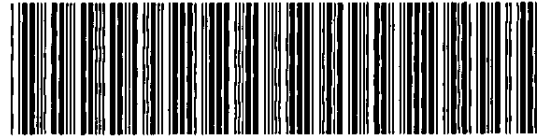
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 APR 21 PM 2:49

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TALLAHASSEE, FLORIDA

T. HARRIS

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DATE: 4/21/15

NAME: JOE MAXX COFFEE COMPANY-FL, LLC

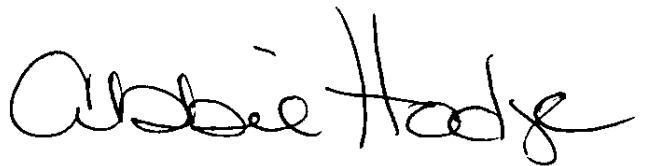
TYPE OF FILING: ARTICLES

COST: 160.00

RETURN: CERTIFIED COPY AND GOOD STANDING PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

A handwritten signature in black ink that reads "Abbie Hodge". The signature is written in a cursive, flowing style. The first name "Abbie" is written with a large, looped 'A' and the last name "Hodge" follows in a similar cursive script. The signature is positioned to the right of the printed name "ABBIE/PAUL HODGE".

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JOE MAXX COFFEE COMPANY-FL, 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:

1700 GULF BLVD UNIT 302
ENGLEWOOD, FL 34223

SAME

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:

BRIAN S DIFFORD

Name

1700 GULF BLVD UNIT 302

Florida street address (P.O. Box NOT acceptable)

ENGLEWOOD

FL

34223

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..

By: 

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

BRIAN S DIFFORD

1700 GULF BLVD UNIT 302

ENGLEWOOD, FL 34223

AMBR

ANDREW W. SUHAR

PO BOX 1530

YOUNGSTOWN, OH 44501

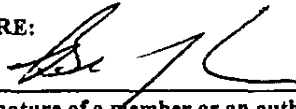
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.)

Brian S. Difford

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)

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AMBR

Name and Address:

BRIAN S DIFFORD

1700 GULF BLVD UNIT 302

ENGLEWOOD, FL 34223

AMBR

ANDREW W. SUHAR

PO BOX 1530

YOUNGSTOWN, OH 44501

(Use attachment if necessary)

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Andrew W. Suhar

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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