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| (Re | equestor's Name) | |
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| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | ; #) |
| PICK-UP | MAW [| MAIL |
| (Bu | isiness Entity Nam | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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K.SALY EXAMINER APR 22 2015



Joshua P. Odén 214-742-2121 Ext. 3564 odenj@passmanjones.com Fax: 214-748-7949 A Professional Corporati ATTORNEYS AT LAW 2500 Renaissance Tower 1201 Elm Street Dallas, Texas 75270-2599 www.passmanjones.com

April 2, 2015

FEDERAL EXPRESS: 773282132833

Florida Department of State
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle
Tallahassee, FL 32301

RE: Bandit Coffee Bar, LLC

Our File No.: 26344-001

Dear Sir/Madam:

Enclosed for filing are two copies of the Articles of Organization of Bandit Coffee Bar, LLC.

Also enclosed is this firm's check in the amount of \$125.00 for the applicable filing fee.

Upon your determination are these Articles of Organization conformed to law. Please return a file stamped copy to me.

Thank you for your assistance in this matter.

Very truly yours,

Joshua P. Odé

Enclosures

cc: Lorie Irwin

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| 1 | | |
|--|--|---|
| | | |
| | | |
| ARTICLES OF ORGANIZATION FOR FI | Liability Company, "L L.C.," or "LLC.") fice of the Limited Liability Company is: | |
| ARTICLE 1 - Name: | | |
| The name of the Limited Liability Company is: | | |
| | | |
| Bandit Coffee Bar, LLC | | |
| (Must end with the words "Limited) | Liability Company, "L L.C.," or "LLC.") | ı |
| (| 22 6 | ! |
| ARTICLE II - Address: | | |
| The mailing address and street address of the principal of | fice of the Limited Liability Company is: | |
| Principal Office Address: | Mailing Address: | |
| Tringpir Orner (Saures) | | |
| 5406 Tarry Lane | P.O. Box 2107 | |
| New Port Richey, FL 34652 | New Port Richey, FL 34656 | |
| ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration.) The agree and the Florida street address of the societated. | Registered Agent. You must designate an individual or 1.) | |
| The name and the Florida street address of the registered | agent ate. | |
| Lorie W. Irwin | | 1 |
| Name | | |
| 5406 Tarry Lane | | 1 |
| Florida street address (P.O. Box | NOT acceptable) | |
| , | | |
| New Port Richey | FL 34652 | 1 |
| City | Zip | - |
| Having been named as registered agent and to accent ser | vice 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 | of all statutes relating to the proper and complete performance | |
| | igations of my position as registered agent as provided for in | |
| V X \ Chap | er 605. F.S | |
| Axe XV/J | | |
| | | |
| Registered Agent's Signal | nurk (REQUIRED) | |

(CONTINUED) Page 1 of 2

| <u>`itle:</u> | Name and Address: |
|--|--|
| AMBR" = Authorized Member | <u>-</u> |
| MGR" = Manager | |
| MGR | Lorie W. Irwin |
| | 5406 Tarry Lane |
| | New Port Richey, FL 34652 |
| (00 | Name and Address: Lorie W. Irwin 5406 Tarry Lane New Port Richey, FL 34652 Joshua K. Weaver 2803 Shipston Avenue New Port Richey, FL 34655 |
| MGR | Joshua K, Weaver |
| | 2803 Shipston Avenue |
| | New Port Richey, FL 34655 |
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| V: Effective date, if other than the date | of filing. (OPTIONAL) |
| ctive date is listed, the date must be specifing.) | of filing (OPTIONAL) ecific and cannot be more than five business days prior to or 90 days after |
| V: Effective date, if other than the date cive date is listed, the date must be sp | of filing (OPTIONAL) ecific aud cannot be more than five business days prior to or 90 days after |
| V: Effective date, if other than the date etive date is listed, the date must be speffling.) | ecific aud cannot be more than five business days prior to or 90 days after |
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| V: Effective date, if other than the date rive date is listed, the date must be specifing.) VI: Other provisions, if any. Signature of a me | ecific and cannot be more than five business days prior to or 90 days after |
| V: Effective date, if other than the date rive date is listed, the date must be specifing.) VI: Other provisions, if any. Signature of a me (In accordance with section 60) | puber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document |
| V: Effective date, if other than the date crive date is listed, the date must be specifiling.) VI: Other provisions, if any. REOURED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation under the constitutes are affirmation u | priber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document on the penalties of perjury that the facts stated herein are true. |
| V: Effective date, if other than the date rive date is listed, the date must be specifiling.) VI: Other provisions, if any. Signature of a me (In accordance with section 60 constitutes an affirmation under I am aware that any false infor | puber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document |
| V: Effective date, if other than the date rive date is listed, the date must be specifiling.) VI: Other provisions, if any. Signature of a me (In accordance with section 60 constitutes an affirmation unde I am aware that any false inforconstitutes a third degree felon | piber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State |
| V: Effective date, if other than the date rive date is listed, the date must be specifiling.) VI: Other provisions, if any. Signature of a me (In accordance with section 60 constitutes an affirmation under I am aware that any false infor | priber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.) |
| V: Effective date, if other than the date tive date is listed, the date must be spefiling.) VI: Other provisions, if any. Signature of a me (In accordance with section 60 constitutes an affirmation under I am aware that any false inforconstitutes a third degree felon | piber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State |

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