L15000107044

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	:y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



600273352196

06/24/15--01016--017 **130.00

TO ACKNOWLEDGE SUFFICIENCY OF FILING

FILED

SETABLES

JUH 2 4 RUCE

4,34

	Registration S Division of Co			
SUBJECT	Γ:	Five Star		
		Name of I	Limited Liability Company	
The enclos	sed Articles o	of Organization and fee(s) are submitted for filing.	
Please retu	_	pondence concerning this		
	OI	IS NATHA	NIEL JOYNER	JR.
			Name of Person	
			Firm/Company	
	214	IT FAULK	Dr.	
			Address	
	Tall	lahassee	Florida 323	2015 SECONALLA
	oj.	654.6541	FLorida 323 City/State and Zip Code A MAIL. Com used for future annual report notific please call: 1 (850) 766-2	2015 JUN 24 P 12: 00 SECRETARY OF STATE ALLAHASSEE. FLORIDA To ation of the state o
		E-mail address: (to be	used for future annual report notific	ation)
For furthe	r information	n concerning this matter, p	please call:	STA
oTis N	. Joyne	er JRo a	1(850) 766-2	027 5 8
	Nam	e of Person	Area Code Daytime Te	elephone Number
Enclosed	is a check for	r the following amount:		
□ \$125.00 F	Filing Fee	\$130.00 Filing Fee & Certificate of Status	© \$155,00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Regi Divis P.O.	ting Address stration Section sion of Corporations Box 6327 ahassee, FL 32314	Street/Courier Add Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 323	ntions

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is: Five Star Coffee 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:
2147 FAUIK Dr. 2147 FAUIK Dr. Tallahassee FL. 32303
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:
OTis Nathaniel Joyner JRASS
Name 2147 Faulk Dr. Florida street address (P.O. Box NOT acceptable) Table 1. 1660 1. 20 20 20 20 20 20 20 20 20 20 20 20 20
Florida street address (P.O. Box NOT acceptable)
Name 2147 Faulk Dr. Florida street address (P.O. Box NOT acceptable) Tallahassee FL 32303 City Zip Restricted agent are: OTis NaThaniel Joyner JR ASS TO THE PROPERTY OF
City Zip SEA SO
the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in the capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete perform of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for Chapter 605, F.S.
Atis Mathamel Joyna Ja Registered Agent's Signature (REQUIRED)
7
(CONTINUED)

Page 1 of 2

Title:		Name and Address:
"AMBR" = Authorized "MGR" = Manager	Member	Olis Nalhaniel Joyner Ja
presidentac	3E.0	2147 Faulk Dr. Tallahassee FL, 32303
	-	
	-	
(Use attachment if nece		ffiling: June/24/2015 (OPTIONAL)
CLE V: Effective date, if of the fective date is listed, the e of filing.)	other than the date o	f filing: _JUNE/24/2015' (OPTIONAL) ific and cannot be more than five business days prior to or 90 d
CLE V: Effective date, if of the fective date is listed, the e of filing.)	other than the date of e date must be specificany.	f filing: June 124 12015 (OPTIONAL) ific and cannot be more than five business days prior to or 90 de
CLE V: Effective date, if of effective date is listed, the e of filing.) CLE VI: Other provisions, REQUIRED SIGNAT	other than the date of the date must be specified.	athaniel Joynus Lan 2
CLE V: Effective date, if of effective date is listed, the e of filing.) CLE VI: Other provisions, REQUIRED SIGNAT (In accordan constitutes as I am aware the	if any. Signature of a memore with section 605. affirmation under hat any false inform	athanial forms that five business days prior to or 90 days prior or an authorized representative of a member.
CLE V: Effective date, if of effective date is listed, the e of filing.) CLE VI: Other provisions, REQUIRED SIGNAT (In accordan constitutes as I am aware the	if any. GURE: Signature of a memore with section 605. affirmation under that any false information third degree felony	ific and cannot be more than five business days prior to or 90 december.
CLE V: Effective date, if of effective date is listed, the e of filing.) CLE VI: Other provisions, REQUIRED SIGNAT (In accordan constitutes as I am aware the	if any. FURE: Signature of a memore with section 605 in affirmation under that any false inform third degree felony OT/5 N	athanial forms that five business days prior to or 90 days prior or an authorized representative of a member.

Page 2 of 2