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(City/State/Zip/Phone #)

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15 JUL -6 PM 2:27

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Coffee Stained Original, LLC d/b/a: C S O, L L C
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:

Michael R. Ewing
Name of Person

The Oaks At Bayshore
Firm/Company

1259 Bayshore Road
Address

Gulf Breeze, FL 32563 - 2509
City/State and Zip Code

TheOaksAtBayshore@Att.Net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael R. Ewing at (850) 934 - 4153
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

$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 Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 19, 2015

MICHAEL R. EWING
THE OAKS TA BAYSHORE
1259 BAYSHORE ROAD
GULF BREEZE, FL 32563-2500

SUBJECT: COFFE STAINED ORIGINAL, LLC D/B/A C.S.O. L L C
Ref. Number: W15000042455

We have received your document for COFFE STAINED ORIGINAL, LLC D/B/A C.S.O. L L C and your check(s) totaling $160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

It appears that the word COFFE in the name of this entity is misspelled. If this misspelling was intentional, simply resubmit the document with the word spelled COFFE. If you did not misspell this word intentionally, please correct the spelling to read COFFEE and resubmit the document for processing.

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Pursuant to section 605.0207, F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on . Please amend your document accordingly.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Maryanne Dickey
Regulatory Specialist II
New Filing Section

Letter Number: 315A00012891

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Coffee Stained Original, LLC
Name of Limited Liability Company

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Firm/Company

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Address

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City/State and Zip Code

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For further information concerning this matter, please call:

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Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - Name:
The name of the Limited Liability Company is:

Coffee Stained Original, 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:**
The Oaks At Bayshore	Marketing Address ONLY:
1259 Bayshore Road	P. O. Box 0688
Gulf Breeze, FL 32563 - 2509	Gulf Breeze, FL 32562 - 0688

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:

Michael R. Ewing
Name

1259 Bayshore Road
Florida street address (P.O. Box **NOT** acceptable)

Gulf Breeze	FL	32563-2509
City	State	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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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	Norma H. Ewing 1259 Bayshore Road Gulf Breeze, FL 32563 - 2509
AMBR	Raymond M. Ewing 1259 Bayshore Road Gulf Breeze, FL 32563 - 2509
AMBR	Michael R. Ewing 1259 Bayshore Road Gulf Breeze, FL 32563 - 2509
AMBR	Clay Ewing 2200 Hemlock Circle Clayton, NC 25720 - 8632

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: Monday, 01 June, 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.)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.
This Limited Liability Company was organised on 31 May, 2012 and was given the Employer/Tax Identification Number 45 - 5372770 by The Internal Revenue Service. No Banking or Business Transactions involving money have taken place nor has a bank account been opened. Business transactions commence on this Monday, 01 June, 2015.

REQUIRED SIGNATURE

Michael R Ewing

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.)

Michael R. Ewing
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)