

L15000193053

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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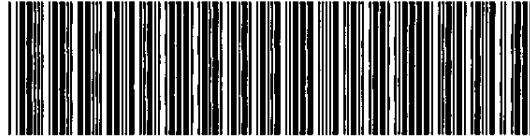
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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APPROVED
AND
FILED

15 NOV -9 AM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/H

Strategic Counsel Law Group

4805 W. Laurel Street
Suite 230
Tampa, Florida 33607
(813) 286-1700; (813) 283-4997

November 5, 2015

Department of State
Division of Corporations
Corporate Filings
P. O. Box 6327
Tallahassee, Florida 32314

RE: JAVA ISLES, LLC

Dear Clerk:

Enclosed you will find the Articles of Organization for Florida Limited Liability Company Java Isles, LLC as well as this firm's check in the amount of \$130.00. Upon receipt please provide this office with a Certificate of Status.

I thank you for your time and attention in this matter. If you have any questions or concerns please feel free to contact this office.

Very truly yours,



Tobey K. Mahoney
Paralegal to Colleen O'Rourke
Strategic Counsel Law Group, L.C.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

APPROVED
AND
FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

15 NOV -9 AM 12:00

JAVA ISLES, LLC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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:

10817 INDIGO POINT PLACE
TAMPA, FL 33612

10817 INDIGO POINT PLACE
TAMPA, FL 33612

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:

KEITH KOEHLER

Name

401 N. HOWARD AVE.

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

<u>TAMPA</u>	<u>FL</u>	<u>33606</u>
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

MMGR

Name and Address:

INES E. ORTIZ

10817 INDIGO POINT PLACE

TAMPA, FL 33612

MMGR

CARLOS A. SILVA

10817 INDIGO POINT PLACE

TAMPA, FL 33612

(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.)

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.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

COLLEEN O'ROURKE

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)