

3/19/2016

Division of Corporations

L16000055949

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : MENDEZ ACCOUNTAX SERVICES, CORP  
Account Number : 120060000145  
Phone : (305)769-4936  
Fax Number : (305)769-1844

16 MAR 21 AM 10:00

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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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16 MAR 21 AM 7:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.  
JULIO'S COFFEE SHOP, LLC.

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 0        |
| Page Count            | 01       |
| Estimated Charge      | \$125.00 |

MAR 22 2016

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I- Name:**

The name of the Limited Liability Company is:

**JULIO'S COFFEE SHOP, LLC.**

**ARTICLE II- Address:**

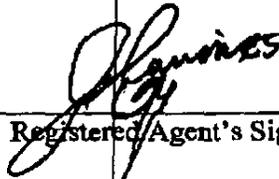
The mailing address and street address of the principal office of the Limited Liability Company is: **7600 W 30 CT, HIALEAH FL 33018**

**ARTICLE III- Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

**ANNIA A LINARES  
7600 W 30 CT  
HIALEAH, FL 33018**

Having been named as registered agent and to accept service of process for the above stated limited liability company at 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

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16 MAR 21 AM 10:00

**ARTICLE IV:**

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

Title:

AMBR

AMBR

Name and Address:

**ANNIA A LINARES  
7600 W 30 CT  
HIALEAH, FL 33018  
JULIO C FERNANDEZ  
7600 W 30 CT  
HIALEAH, FL 33018**



Signature of 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.)

**ANNIA A LINARES**

Typed or printed name of signee.