

Division of Corporations

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : GM FINANCIAL GROUP
Account Number : I19980000102
Phone : (954)428-8899
Fax Number : (954)428-6699

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 DEC 19 PM 5:00

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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.****

Email Address: MARKEMILLER61@yahoo.com**FLORIDA LIMITED LIABILITY CO.
FOOD LOVER'S CAFE LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

12-20

148

H16000309630 3 ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FOOD LOVER'S CAFE 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:**125 CENTER PLACE WAY
ST. AUGUSTINE, FL 32095**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:


MARK E. MILLER

Name

125 CENTER PLACE WAYFlorida street address (P.O. Box **NOT** acceptable)

<u>ST AUGUSTINE</u>	<u>FL</u>	<u>32095</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)

Page 1 of 2

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16 DEC 19 PM 5:00
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H16000309630 3

H16000309630 3

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGRM**Name and Address:**MARK E. MILLER
125 CENTER PLACE WAY
ST. AUGUSTIN, FL 32095MGRMCAROLYN SCOCA
125 CENTER PLACE WAY
ST. AUGUSTINE, FL 32095

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: January 1, 2017 (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.MARK E. MILLER

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)

H16000309630 3