

L17000063833

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC
Account Number : I20070000020
Phone : (813) 435-3176
Fax Number : (713) 429-1276

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

Email Address: briancunningham@strategies.com

FLORIDA LIMITED LIABILITY CO.

RumJava, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

RECEIVED

17 MAR -7 PM 4:19

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

RumJava, LLC

(Must contain 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:

2110 N OCEAN BOULEVARD
SUITE 9D
FORT LAUDERDALE, FL 33305

Mailing Address:

2110 N OCEAN BOULEVARD
SUITE 9D
FORT LAUDERDALE, FL 33305

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:

THE LAW OFFICES OF NICK SPRADLIN, PLLC

Name _____

2202 N. WEST SHORE BLVD. STE 200

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

TAMPA

City

FLORIDA

Slate

33607

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)

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TALLAHASSEE, FLORIDA

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

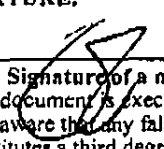
AMBR**Name and Address:**BRIAN S CUNNINGHAM2110 N OCEAN BOULEVARD SUITE 9DFORT LAUDERDALE, FL 33305AMBRMINDY L CUNNINGHAM2110 N OCEAN BOULEVARD SUITE 9DFORT LAUDERDALE, FL 33305

(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.ANY AND ALL LAWFUL BUSINESS PURPOSES.**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.

NICKOLAS J. SPRADLIN, ESQ.

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)

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1801 North Highland Avenue
Tampa, Florida 33602
(813) 224-9255 [Phone]
(813) 223-9620 [Fax]
www.bushross.com

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ATTORNEYS AT LAW

Mailing Address:
Post Office Box 3913
Tampa, Florida 33601-3913

TELECOPIER TRANSMITTAL COVER SHEET

Number of Pages: 4 (excluding cover sheet)

SUBJECT: Art. of Org. - McCormick Medical, PT, and Bracing, LLC (for filing)

DATE: 3/7/2017

TO: FL DOC - Corporate filings (Business Fax)

COMPANY: _____

PHONE #: _____

FAX #: +1 (850) 617-6381

FROM: **Brenda K. Holland,**
bholland@bushross.com

TELEPHONE: (813) 204-6440

FAX: (813) 223-9620

COMMENTS:
Art. of Org. - McCormick Medical, PT, and Bracing, LLC (for filing)

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