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17 MAR 13 AH 4: 1

COVER LETTER

TO:	New Filing Sec Division of Co					
SUBJEC		e Coffee LLC				
зопјел	-1. <u> </u>	Name of I	Limited Liabilit	y Company	······································	
The encl	osed Articles o	f Organization and fee(s)	are submitted	for filing.		
Please re	turn all corresp	ondence concerning this	matter to the fo	llowing:		
	Timothy F.	McTague				
			Name of I	Person		
	Firm/Company					
	4215 E Columbus Drive					
			Addre	SS		
	Tampa, FL	. 33605				
	tim@kingsta	atecoffee.com	City/State and	l Zip Code		
	-	E-mail address: (to be us	sed for future ar	nual report notification	on)	
For furthe	r information c	oncerning this matter, ple	ase call:			
	Timothy F. McTague		352	7641		
	Nar	me of Person	Area Code	Daytime Telephone	Number	
Enclose	d is a check for	the following amount:			·	
\$125.00	Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certific	O Filing Fee & sid Copy I copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	New Divis P.O. 1	ng Address Filing Section ion of Corporations Box 6327 hassee, FL 32314		Street Address New Filing Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	r Circle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	ity Company is:				
King State Co		ted Liability Cor	mpany, "L.L.C.," or "LLC,")		
(Widst con	tain the words Diffi	ica Liability Col	mpany, L.E.C., or ELC.		
ARTICLE II - Address:					
The mailing address and street a	ddress of the princip	al office of the I	Limited Liability Company is:		
<u>Princip</u>	oal Office Address:		Mailing Address:		
2602 North 43	rd Street		4215 E Columbus Drive		
Unit B			Tampa, FL 33605		
Tampa, FL 3360	05	 _			
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an The name and the Florida street	y cannot serve as its of active Florida registr	own Registered a	ed Agent's Signature: Agent. You must designate an individual or		
	Nathan Russe	ell Young			
	Machan Mass	Name	· · · · · · · · · · · · · · · · · · ·		
	4215 <u>E C</u> olur	mbus Drive			
	Florida street address (P.O. Box NOT acceptable)				
	Татра	FL	33605		

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..

State

City

Registered Agent's Signature (REQUIRED

Zip

(CONTINUED)

17 MAR 13 AM 4:47
SECRETARY OF STATE
TALLAHASSEE, FLORINA

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	Timothy F. McTague 4215 E Columbus Drive Tampa, FL 33605
	
 	
(Use attachment if necessary)	
(If an effective date is listed, the date must the date of filing.) Note: If the date inserted in this block does the document's effective date on the Depart ARTICLE VI: Other provisions, if any.	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90 days after a not meet the applicable statutory filing requirements, this date will not be listed as ment of State's records.
REQUIRED SIGNATURE:	
This document is I am aware that an	f a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes. y false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.
Timothy F	. McTague Typed or printed name of signee

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

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)