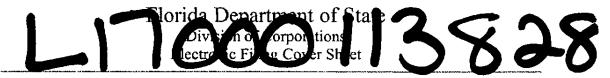
Division of Corporations



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(((H170001415523)))



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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023
Phone : (512)418-6949
Fax Number : (954)208-0845

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

Email Address:

FLORIDA LIMITED LIABILITY CO. NANI'S CAFE LLC

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Certificate of Status	0
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Page Count	04
Estimated Charge	\$125.00

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Corporate Filing Menu

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COVER LETTER

	lew Filing Section livision of Corporations		
SUBJECT	NANES CAFE LLC		
SUBSLET		Limited Liabili	ty Company
The enclos	sed Articles of Organization and fee(s	i) are submitted	for filing.
Please rett	irn all correspondence concerning this	s matter to the f	ollowing:
	Reyna Larson		
		Name of	Person
	NANI'S CAFE LLC		
		Firm/Co	прапу
	PO Box 348		
		Addre	ess
	Union Pier, MI 49129		
	nessalake@gmail.com	City/State an	d Zip Code
	E-mail address: (to be t	ised for future a	nnual report notification)
For further i	nformation concerning this matter, pl	ease call:	
	Reyna Larson	773	490-8790
	Name of Person	Area Code	Daytime Telephone Number
Enclosed i	s a check for the following amount:		
]\$125.00 F	-	LCertific	0 Filing Fee & S160.00 Filing Fee, cd Copy al copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	MailingAddress New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, F1. 32314		StreetAddress New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLESOF ORGANIZATIONFORFLORIDA LIMITED LIABILITY COMPANY

·	ontain the words "Limited	Liability Company, "L	.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and stree	et address of the principal o	ffice of the Limited Li	ability Company is:	
<u>Princ</u>	cipal Office Address:		Mailing Address:	
16117 Red Arrow		РО Во		
Union Pier, MI 49	9129	Union	Pier, MI 49129	
another business entity with a The name and the Florida stro		,	o o c n	T HAY 24 1
	C T Corporation Sys	Name and Road	antable)	AN 9: 17
	1200 South Pine Isla Florida street addres	Name and Road s (P.O. Box <u>NOT</u> acce	• •	,
	1200 South Pine Isla	Name and Road	eptable) 33324 Zip	,

(CONTINUED)

ARTICLE IV-

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager Manager	Dame Lawren
Manager	Reyna Larson
	14820 Marquette Rd.
	Lakeside, MI 49128
Authorized Member	Name Calabases
	Nessa Calabrese PO Box 340
	Union Pier, MI 49129
	Union Fier, MI 49129
EV: Effective date, if other than the	date of filing: (OPTIONAL) se specific and cannot be more than five business days prior to or 90
fective date is listed, the date must be of filing.) If the date inserted in this block does a ment's effective date on the Department's effective date on the Department.	se specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will no
EV: Effective date, if other than the fective date is listed, the date must be of filling.) If the date inserted in this block does ament's effective date on the Department's Cother provisions, if any. REQUIRED SIGNATURE:	not meet the applicable statutory fifing requirements, this date will no ment of State's records.
LEV: Effective date, if other than the fective date is listed, the date must be of filing.) If the date inserted in this block does a ment's effective date on the Department's effective date on the Department. LEVI: Other provisions, if any. REQUIRED SIGNATURE:	not meet the applicable statutory filing requirements, this date will no ment of State's records.
EV: Effective date, if other than the fective date is listed, the date must be of filing.) If the date inserted in this block does ament's effective date on the Department's effective date in the Department's effective date in the Department's effective date on	not meet the applicable statutory fifing requirements, this date will no ment of State's records.
EV: Effective date, if other than the lective date is listed, the date must be of filing.) The date inserted in this block does a ment's effective date on the Department's effective date on the Department. EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is explain aware that any	not meet the applicable statutory filing requirements, this date will no ment of State's records. Largor a member or an authorized representative of a member, secuted in accordance with section 605.0203 (1) (b), Florida Statutes, false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)