

L17000221862

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

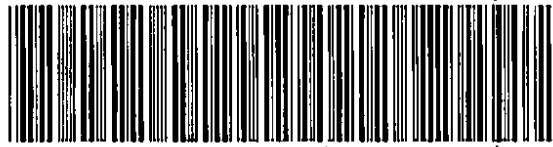
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/25/17--01020--015 **125.00

17 OCT 25 AM 11:04
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Jeff Souza
Caveman Creamery, LLC
506 Winterside Drive
Apollo Beach, FL 33572

IRS-Stop 343
Cincinnati, OH 45999

October 17, 2017

To whom it may concern:

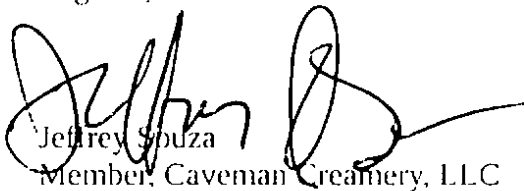
I am writing you today regarding Caveman Creamery, LLC whose newly assigned Employer Identification Number is 82-3007337. When registering for this EIN, a clerical error was made and the entity was titled "Cave Man Creamery."

Please use this letter to serve as a Business Name Change document. The correct name should be listed as:

Caveman Creamery, LLC

All other information supplied on the EIN application is correct, and thank you for your assistance with this matter.

Regards,



Jeffrey Souza
Member, Caveman Creamery, LLC

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: CAVEMAN CREAMERY, LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jeffrey J. Souza

Name of Person

Caveman Creamery, LLC

Firm/Company

506 Winterside Drive

Address

Apollo Beach, Florida 33572

City/State and Zip Code

jeffsouza1954@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeffrey Souza

508

454-6867

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:



\$125.00 Filing Fee



\$130.00 Filing Fee &
Certificate of Status



\$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)



\$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Caveman Creamery, 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:

506 Winterside Drive
Apollo Beach, Florida 33572

Mailing Address:

506 Winterside Drive
Apollo Beach, Florida 33572

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:

Jeffrey J. Souza

Name

506 Winterside Drive

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

Apollo Beach

FL

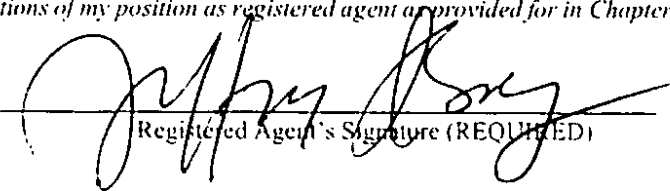
33572

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)

17 OCT 25 AM 11:34
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Jeffrey J. Souza

506 Winterside Drive

Apollo Beach, FL 33572

(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.

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.

Jeffrey J. Souza

Jeffrey J. Souza
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)

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
OCT 25 AM 11:06