

U18000 150003

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

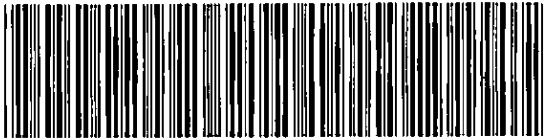
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
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JUN 20 2018
T SCHROEDER

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 261210 4311639

AUTHORIZATION :



COST LIMIT : \$ 125,000

ORDER DATE : June 18, 2018

ORDER TIME : 9:15 AM

ORDER NO. : 261210-010

CUSTOMER NO: 4311639

DOMESTIC FILING

NAME: ANOTHER BROKEN EGG CARE OF
TAPESTRY PARK, LLC

EFFECTIVE DATE:

_____ ARTICLES OF INCORPORATION
_____ CERTIFICATE OF LIMITED PARTNERSHIP
XX _____ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner - EXT.

EXAMINER'S INITIALS: _____

**ARTICLES OF ORGANIZATION
OF
ANOTHER BROKEN EGG CAFE OF TAPESTRY PARK, LLC**

ARTICLE I: - Name

The name of the Limited Liability Company is **ANOTHER BROKEN EGG CAFE OF TAPESTRY PARK, LLC**

ARTICLE II: - Address

The mailing address and street address of the principal office of the Limited Liability Company is:

**600 Grand Boulevard
Suite M-209
Miramar Beach, Florida 32550**

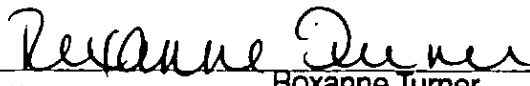
ARTICLE III: - Registered Agent, Registered Office, & Registered Agent's Signature

The name and the Florida street address of the registered agent are:

**Corporation Service Company
1201 Hays Street
Tallahassee, Florida 32301**

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.

CORPORATION SERVICE COMPANY, as Registered Agent

By: 
Name: Roxanne Turner
Title: Asst. Vice President

ARTICLE IV: - Management

The name and address of each person authorized to manage and control the limited liability company is as follows:

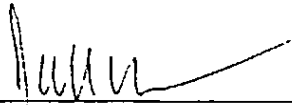
<u>Title:</u>	<u>Name and Address:</u>
MGR	Christopher J. Artinian 600 Grand Boulevard, Suite M-209 Miramar Beach, FL 32550
MGR	Jonathan Tanenbaum 600 Grand Boulevard, Suite M-209 Miramar Beach, FL 32550

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TALLAHASSEE, FLORIDA

MGR

Ronald E. Green
600 Grand Boulevard, Suite M-209
Miramar Beach, FL 32550

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization on June 18, 2018.



Jonathan Tanenbaum, authorized representative of a Member

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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 Section 817.155, Florida Statutes.)

Jonathan Tanenbaum

Typed or printed name of signee

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