Page 1 of 2

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : WILSON TAX & ACCOUNTING INC.

Account Number : I20150000107 Phone : (941)625-1925 Fax Number : (941)625-1526

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

Email Address: CREST @ TAXSAVERS FL. NET

2018 JUL 13 PM 3: 01

FLORIDA LIMITED LIABILITY CO. Zoe's Cafe and Sweetery LLC

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

18 JUL 13 PM 3: 43

NVISION OF CONFORATION

pu 7/10/18

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabili	y Company is:		
Zoe's Cafe and S	weetery LLC		
(Must cont	ain the words "Limited Lie	bility Company,	"L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street a	ddress of the principal offic	ce of the Limited	Liability Company is:
Princlp	al Office Address:		Mailing Address:
1101 El Jobean Rd		110	I El Jobean Rd
Port Charlotte, FL 32	1948	Port	Charlotte, Pl. 33948
ARTICLE III - Registered Agi (The Limited Liability Company another business entity with an a The name and the Florida street	cannot serve as its own Re active Florida registration.) address of the registered ag	egistered Agent. '	nt's Signature: You must designate an individual or
	Zoe Shasteen		
	N	lume	
	1101 El Jobean Rd		
	Florida street address (F	P.O. Box <u>NOT</u> ac	cceptable)
	Port Charlotte	FL	33948

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 a provided for in Chapter 605, F.S.

State

City

Agent's Signature (REQUIRED)

33948

Zip

(CONTINUED)

(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:	Title:		Name and Address:	
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