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(Business Entity Name)

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TALLAHASSEE
FLORIDA

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OCT 19 2018

THE
INFURNA
LAW FIRM, P.A.

October 8, 2018

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

Re: Juice Kulture Kuisine LLC

Dear Sir or Madam:

I am filing these Articles of Incorporation on behalf of my client, Juice Kulture Kuisine LLC. My name, address, phone number, and email address are incorporated on the letterhead. Please return the certified copy and certificate of status to my office.

Also enclosed is a check for \$160.00.

Thank you for your assistance.

Sincerely,



Justin R. Infurna

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Juice Culture Cuisine 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:

Andrew Francis
Name of Person

Juice Culture Cuisine LLC
Firm/Company

1425 SW Medina Ave
Address

Port St. Lucie, FL 34953
City/State and Zip Code

juicebx11@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andrew Francis at (757) 746-3186
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:

Twice Kulture Cuisine 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:

Mailing Address:

1425 SW Medina Ave
Port St. Lucie, FL 34953

Same

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:

Andrew Francis
Name
1425 SW Medina Ave.
Florida street address (P.O. Box **NOT** acceptable)
Port St. Lucie, FL 34953
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.

X
[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

Andrew Francis

1425 SW Medina Ave
Port St. Lucia, FL 34953

Pearl Francis

1425 SW Medina Ave
Port St. Lucia, FL 34953

Martin Henry

" " "
" " "

(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:

X 

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.

Andrew Francis

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)

SECRETARY
TALLAHASSEE, FL

18 OCT 17 PM 1:03

FILED