

L190000041772

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

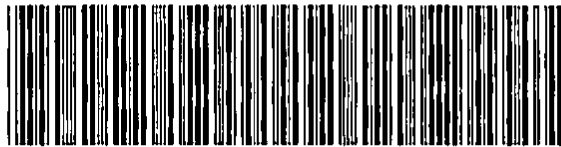
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

K. PAGE

FEB 19 2019



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19 FEB 15 AM 6:30
ALL INFORMATION
MAINTAINED
IN THE PUBLIC
DOMAIN



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 1, 2019

CAROLANN BROCKMAN
9052 ARTIST PLACE
LAKE WORTH, FL 33467

SUBJECT: BREAKFAST4BUZINESS LLC
Ref. Number: W19000010356

*Corrected application
is Attached*

Thank you ☺

We have received your document for BREAKFAST4BUZINESS LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Keyna E Page
Regulatory Specialist II

Letter Number: 719A00002325

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Breakfast4Business 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:

Carolann Brockman

Name of Person

CPB Bookkeeping Inc

Firm/Company

9052 Artist Place

Address

Lake Worth, FL 33467

City/State and Zip Code

cpbbookkeeping@gmail.com

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

For further information concerning this matter, please call:

Carolann Brockman

561

351-0664

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:

Breakfast4Business, 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:

Shay Mambog, JD

1880 N. Congress Ave, Ste 201, Boynton Be

1880 N. Congress Ave Ste 201
Boynton Beach FL 33426

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

Carolann Brockman

Name

9052 Artist Place

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

Lake Worth

FL

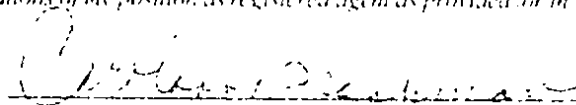
33467

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)

FILED
19 FEB 15 AM 6:30
TALLAHASSEE, FL 08902

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Authorized Member

Name and Address:

Shay Manibog, J.D.

1880 N Congress Ave, Ste 201

Boynton Beach, FL 33426

Member # 2

Michelle Jackson

18 Velarie Drive

Boynton Beach, FL 33426

Member # 3

April Laura

8188 Jog Road, Ste 101

Boynton Beach, FL 33472

Member # 4

Carolann Brockman

9052 Artist Place

Lake Worth, FL 33467

(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.

Carolann Brockman

Typed or printed name of signer

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)

FILED
TALLAHASSEE, FLORIDA

19 FEB 15 AM 6:30