

# LP9000158552

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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

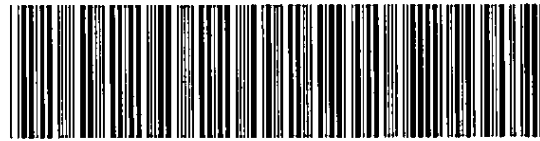
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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19 JUN 13 2H 9:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N CULLIGAN

JUN 26 2019

**COVER LETTER**

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

**SUBJECT: POSTMARK COFFEE ROASTERS, 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:

JACQUELINE M. DURHAM, ESQ.

\_\_\_\_\_  
Name of Person

KOONTZ & ASSOCIATES, PL

\_\_\_\_\_  
Firm/Company

1613 FRUITVILLE RD.

\_\_\_\_\_  
Address

SARASOTA, FL 34236

\_\_\_\_\_  
City/State and Zip Code

JOANN@KOONTZASSOCIATES.COM

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

For further information concerning this matter, please call:

JACQUELINE M. DURHAM      941      225-2615

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:

POSTMARK COFFEE ROASTERS, 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:

7347 GREYSTONE ST.  
LAKEWOOD RANCH, FL 34202

7347 GREYSTONE ST.  
LAKEWOOD RANCH, FL 34202

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:

JO ANN M. KOONTZ

Name

1613 FRUITVILLE RD.

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

SARASOTA

FL

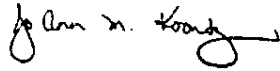
34236

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)

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19 JUN 13 AM 9:41  
STATE OF FLORIDA  
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:**

KIENAN STUBSTAD

5134 18TH AVE. N.

ST. PETERSBURG, FL 33710

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19 JUN 13 PM 9:41  
TALLAHASSEE, FLORIDA

(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.

See attached provisions.

**REQUIRED SIGNATURE:**

*Jacqueline Durham*

**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.

JACQUELINE M. DURHAM

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)

## **ARTICLE VI: Other provisions**

No Manager may incur any obligations or commitments in the name or on the credit of the Limited Liability Company exceeding \$3,000.00 without the express written consent of the Members of the Company holding a Majority Interest, as such term is defined in the Operating Agreement of Postmark Coffee Roasters, LLC, of even date herewith.

No Manager may enter into any contract or transaction for the purchase or sale of real estate on behalf of the Limited Liability Company.

Manager shall not serve as an authorized signatory on any bank account of the Limited Liability Company. Any financial institution with which the Limited Liability Company transacts business or deposits funds shall refer to the Operating Agreement of Postmark Coffee Roasters, LLC to confirm the Limited Liability Company's authorized Member signatories.

The assignment, transfer, pledge or other encumbrance of any membership interest of the Limited Liability Company is not permitted, except as specifically provided in the Operating Agreement of Postmark Coffee Roasters, LLC.