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Division of Corporations
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : THREE K FAST CARRIER SERVICES INC
Account Number : I20180000033
Phone : (305)805-3516
Fax Number : (305)887-5844

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

Email Address: INFO@Oliversandak.com

**FLORIDA LIMITED LIABILITY CO.
CARMELA COFFEE BOCA FEDERAL LLC**

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 04 |
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Corporate Filing Menu

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November 15, 2019

FLORIDA DEPARTMENT OF STATE

THREE K FAST CARRIER SERVICES INC ^{Division of Corporations}

SUBJECT: CARMELA COFFEE BOCA FEDERAL LLC
REF: W19000100438

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

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

Jalesa S Dennis
Regulatory Specialist II
New Filing Section

FAX Aud. #: H19000335352
Letter Number: 619A00023522

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: CARMELA COFFEE BOCA FEDERAL LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

OLIVER SANDAK

Name of Person

OLIVER SANDAK, LLC

Firm/Company

12012 NW 82ND ST

Address

PARKLAND, FL 33076

City/State and Zip Code

INFO@OLIVERSANDAK.COM

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

For further information concerning this matter, please call:

OLIVER SANDAK

Name of Person

at (_____) _____

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:

CARMELA COFFEE BOCA FEDERAL 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:3200 N FEDERAL HWY
BOCA RATON, FL 33431Mailing Address:12012 NW 82ND ST
PARKLAND, FL 33076

- **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:

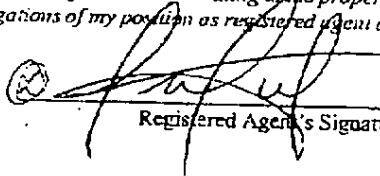
CBS FINANCIAL CPA PA

Name

6075 W COMMERCIAL BLVDFlorida street address (P.O. Box **NOT** acceptable)

| | | |
|----------------|-----------|--------------|
| <u>TAMARAC</u> | <u>FL</u> | <u>33319</u> |
| 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 NOV 15 PM 9:57
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:

OLIVER SANDAK, LLC

12012 NW 82ND ST

PARKLAND, FL 33076

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 11-14-19 (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.

N/A

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.

Oliver Sandak

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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA