

3/13/2020

Division of Corporations

**L20000077572**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H20000083871 3)))



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

**From:**  
Account Name : E & F LATIN GROUP LLC  
Account Number : I20160000049  
Phone : (954)384-8565  
Fax Number : (954)385-5175

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

Email Address: diego@eflatinaccounting.com

**FLORIDA LIMITED LIABILITY CO.  
ELYSIAN COFFEE BEANS LLC**

Certificate of Status	1
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Page Count	04
Estimated Charge	\$130.00

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Corporate Filing Menu

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March 16, 2020

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

Z & F LATIN GROUP LLC

SUBJECT: ELYSIAN COFFEE BEANS LLC  
REF: W20000027648

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.

Pursuant to section 605.0207, F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on . Please amend your document accordingly.

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

Argolda Brown  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: H20000083871  
Letter Number: 720A00005723

**COVER LETTER**

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

**SUBJECT:** RLYSIAN COFFEE BEANS 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:

DIEGO FIGUEROA

Name of Person

E & F LATIN GROUP LLC

Firm/Company

1820 N CORPORATE LAKES BLVD SUITE 109

Address

WESTON FL 33326

City/State and Zip Code

DIEGO@EFLATINACCOUNTING.COM

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

For further information concerning this matter, please call:

DIEGO FIGUEROA

at (954) 384 8565

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

FILED  
TALLAHASSEE, FL  
MAR 16 2020

2020 MAR 16 AM 4:46

FILED

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

ELYSIAN COFFEE BEANS 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:**1180 A GILMORE DR  
KEY WEST, FL 33040**Mailing Address:**1180 A GILMORE DR  
KEY WEST, FL 33040**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:

B & F LATIN GROUP LLC

Name

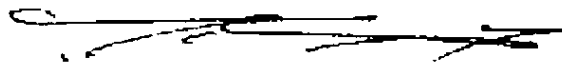
1820 N CORPORATE LAKES BLVD SUITE 109Florida street address (P.O. Box **NOT** acceptable)WESTON FL 33326

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)

**ARTICLE IV-**

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

**Title:**

"AMTR" = Authorized Member

"MGR" = Manager

**Name and Address:**

MGR \_\_\_\_\_

ANGELA MARIA MONSALVE  
1180 A GILMORE DR  
KEY WEST, FL 33040

MGR \_\_\_\_\_

CAROLINA SالدARRIAGA  
1180 A GILMORE DR  
KEY WEST, FL 33040

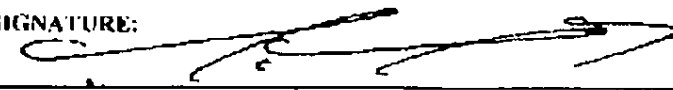
(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 3/13/2020 (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.

Diego Figueroa

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)