

From: Jacqueline Almeida

Fax: 18002210102

To:

Fax: (850) 617-6381

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11/23/2020

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 : COGENCY GLOBAL, INC.

Account Number : I20000000088

Phone : (800)221-0102

Fax Number : (800)944-6607

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO.

Another Broken Egg of Tampa, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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Corporate Filing Menu

Help

**ARTICLES OF ORGANIZATION
OF
ANOTHER BROKEN EGG OF TAMPA, LLC**

ARTICLE I: - Name

The name of the Limited Liability Company is **Another Broken Egg of Tampa, LLC**

ARTICLE II: - Address

The street address of the principal office of the Limited Liability Company is:

**4041 South Dale Mabry Hwy
Tampa, Florida 33611**

The mailing address of the Limited Liability Company is:

**c/o Another Broken Egg Cafe
5955 T.G. Lee Boulevard
Suite 100
Orlando, Florida 32822**

ARTICLE III: - Registered Agent, Registered Office, & Registered Agent's Signature

The name and the Florida street address of the registered agent are:

**Cogency Global Inc.
115 North Calhoun Street, Suite 4
Tallahassee, Florida 32301**

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.

Cogency Global Inc., as Registered Agent

Name: /s/ Jacqueline Almeida

Title: Assistant Secretary

ARTICLE IV: - Management

The name and address of each person authorized to manage and control the limited liability company is as follows:

Title:

Name and Address:

MGR

Christopher Artinian
5955 T.G. Lee Boulevard
Suite 100
Orlando, Florida 32822

MGR

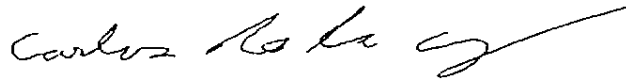
Paul Macaluso
5955 T.G. Lee Boulevard
Suite 100
Orlando, Florida 32822

MGR

Jeri Synder
5955 T.G. Lee Boulevard
Suite 100
Orlando, Florida 32822

FILED
2020 NOV 23 AM 10:14
U.S. DISTRICT COURT
MIDDLE DISTRICT
FLORIDA
ORLANDO

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization on November 23, 2020.



Carlos M. de la Cruz, Authorized Representative of a Member

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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 Section 817.155, Florida Statutes.)

Carlos M. de la Cruz

Typed or printed name of signee

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TALLAHASSEE, FL
STATE OF FLORIDA
DEPARTMENT OF STATE