

From: Jacqueline Almeida Fax: 18002210102  
11/23/2020

To: Fax: (850) 617-6381 Page 5 of 5 11/23/2020 4:27

**LA 0000359750**

Florida Department of State  
Division of Corporations  
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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 Boca Raton, LLC**

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

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2020 NOV 23 PM 4:51  
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*Handwritten signature and date: 11-24*

**ARTICLES OF ORGANIZATION  
OF  
ANOTHER BROKEN EGG OF BOCA RATON, LLC**

**ARTICLE I: - Name**

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

**ARTICLE II: - Address**

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

**508 Via DePalmas  
Boca Raton, Florida 33432**

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**

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**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:

<u>Title:</u>	<u>Name and Address:</u>
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

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JACQUELINE ALMEIDA  
55156153-1

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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