Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000404053 3)))



H200004040533ABCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:	Division of Co.	nontion	-	~:
	Division of Cor	•		<u></u>
	Fax Number	: (850)617-6381		=
				72
From:				2 AON 0202
	Account Name	: COGENCY GLOBAL, INC.	•	-
		•	. •	ည်
	Account Number	: 120000000088		~
	Phone	: (800)221-0102	420	>
	Fax Number	: (800)944-6607	:/-	\geq
				Ö
			4 8	
*****	Alba amadi addisa.			
		s for this business entity to be used for futu	ırę	t:
anı	nual report maili	ngs. Enter only one email address please.**		

FLORIDA LIMITED LIABILITY CO.

Another Broken Egg of Delray Beach, LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help



ARTICLES OF ORGANIZATION ANOTHER BROKEN EGG OF DELRAY BEACH, LLC

ARTICLE I: - Name

The name of the Limited Liability Company is Another Broken Egg of Delray Beach, LLC

ARTICLE II: - Address

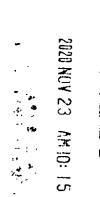
The street address of the principal office of the Limited Liability Company is:

To:

430 East Linton Boulevard Suite 900 Delray Beach, Florida 33483

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

From: Jacqueline Almeida Fax: 18002210102 To: Fax: (850) 617-6381 Page: 4 of 5 11/23/2020 4:23 PM

> MGR Paul Macaluso

5955 T.G. Lee Boulevard

Suite 100

Orlando, Florida 32822

Jeri Synder MGR

5955 T.G. Lee Boulevard

Suite 100

Orlando, Florida 32822

2020 NOV 23 AM 10: 15

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

Carlos Aska c

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

Fax: (850) 617-6381

(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