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T. SCOTT APR 1 2 2022

# COVER LETTER

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

SUBJECT:  $T_{3}M$   $C_{a}F_{E}$ 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:

Terrance K MENair Name of Person

2042 Canewood Ct Firm/Company

Address

Tallahassee 71 32303 City/State and Zip Code

<u>terrance Kintamenair & gmail. com</u> E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Terrance K MENTRAI (850 ) 445-6789 Daytime Telephone Number Area Code Name of Person

Enclosed is a check for the following amount:

□SI25.00 Filing Fee

5130.00 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

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

<u>T3 M CaFe LLC</u> (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:

Mailing Address:

2042 CGARWood Ct. 2042 CGARWood Ct. Tallghussee, 71 52303 Fallghussee, 71 52303

## 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:

Tervance K. MCNAir Name

2042 Canenard C1. Florida street address (P.O. Box <u>NOT</u> acceptable)

Tailahassee 71 32303 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. 1 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.,

Jerrance Menei Registered Agent's Signature (REQUIRED)

(CONTINUED)



ARTICLE IV-

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

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager <u>AMBR</u>	Terrance K. MSNair 2042 Canewood Ct. Talighussre, 71 32303

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing:(24-12 - 2022). (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.)

<u>Note:</u> 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,

REOUIRED SIGNATURE:

Jenance Mcrai

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.

Terrance Mchain Typed or printed name of signee

### 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)