

L22600161163

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

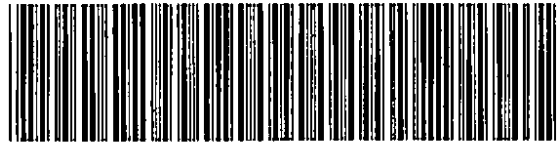
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100384595991

03/31/22--01024--007 \*\*125.00

FILED

22 MAR 31 AM 8:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. CHATHAM

APR 18 2022

✓

**COVER LETTER**

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

**SUBJECT: A&P Coffee Shop 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:

FERNANDO ARAKAKI

\_\_\_\_\_  
Name of Person

A&P Coffee Shop LLC

\_\_\_\_\_  
Firm/Company

4458 CLEVELAND AVE

\_\_\_\_\_  
Address

FORT MYERS, FL 33903

\_\_\_\_\_  
City/State and Zip Code

ARKFE@AOL.COM

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

For further information concerning this matter, please call:

FERNANDO ARAKAKI

862

271-8888

at ( )

\_\_\_\_\_  
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

22 MAR 31 AM 8:56  
SECRETARY OF STATE  
TALLAHASSEE, FL 32303

FILED

**ARTICLE IV-**

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

**Title:**

**Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

PRE

CESAR PAJARES  
4130 YARMOUTH COURT  
NORTH FORT MYERS, FL 33903

VICE

FERNANDO ARAKAKI  
1421 SW 28TH ST  
CAPE CORAL, FL 33914

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_, (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.)

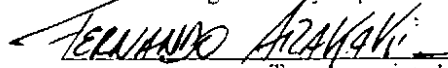
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

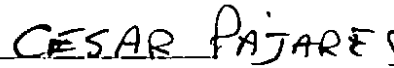
**ARTICLE VI:** Other provisions, if any.

**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.

  
\_\_\_\_\_  
Type or printed name of signee

  
\_\_\_\_\_  
Type 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)

22 MAR 31 AM 8:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

A&P Coffee Shop 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:

4458 CLEVELAND AVE  
FORT MYERS, FL 33903

Mailing Address:

4458 CLEVELAND AVE  
FORT MYERS, FL 33903

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:

RICARDO ROSALES

Name

26891 OLD 41

Florida street address (P.O. Box **NOT** acceptable)

BONITA SPRINGS

FLORIDA

34135

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)

FILED  
22 MAR 31 AM 8:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA