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. (	(Requestor's Name)
	(Address)
`	Municaay
	(Address)
(	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
1	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer.

Office Use Only

T. SCOTT, MAY 2 4 2022



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## COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: <u>Pook Booting Cafe, LLC</u> 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:	
Monique S. Hall Name of Person	
Book Boutique, LLC	
777 N. ASNIGU St #1006	<u> </u>
Tampa F1 33602  City/State and Zip Code  book bouting use at 1 a) a mail. (	·/^
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Monigue Hallar, 470, 437-9711	_
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□\$125.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & Z\$100.0 Certificate of Status (additional copy is enclosed)	00 Filing Fee, te of Status & Cupy copy is enclosed)
Mailing Address Street Address	

# 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 1 - Name: The name of the Limited Liability Company is:
Book Bortiave Cafe, LC
(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:
777 N Ashler Dr # 1006 Jame
- Jampa 1+1: J 33402
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:
Monave Hall
Name
777 N. Ashley X # 100
Florida street address (P.O. Box <u>NOT</u> acceptable)
Tampa F1 33607 City State Zip
Chy Diane 7-ap

Flaving 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)

	rson authorized to manage and control the Limited Liability Company:
<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	Monique Hall 1777 N. Ashley #1
AMBR	Rodney Daniel 1777W. Ashly #
e of liling.)	es not meet the applicable statutory filing requirements, this date will not be listed as
TLE VI: Other provisions, it any.	
This document i	of a member or an authorized representative of a member. s executed in accordance with section 605.0203 (1) (b), Florida Statutes, any false information submitted in a document to the Department of State d degree felony as provided for in s.817.155, F.S.

Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)