

# L22000471407

Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : FILE RIGHT LLC  
Account Number : I20170000091  
Phone : (718)878-5811  
Fax Number : (718)732-4580

**\*\*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.  
MARKS CONVENIENCE AND COFFEE LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

2022 Nov -3 PM 4:33

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fax reference H22000377032 3

## COVER LETTER

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

**SUBJECT: MARKS CONVENIENCE AND COFFEE 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:

Name of Person  
FILE RIGHT LLC  
Firm/Company  
5314 16TH AVENUE SUITE 139  
Address  
BROOKLYN, NY 11204  
City/State and Zip Code  
sales@fileacorp.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rachel at ( 718 ) 878-5811  
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)

**MailingAddress**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**StreetAddress**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MARKS CONVENIENCE AND COFFEE 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:

20861 JOHNSON STREET, STE 108  
PEMBROKE PINES, FL 33029

Mailing Address:

20861 JOHNSON STREET, STE 108  
PEMBROKE PINES, FL 33029

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:

SOPHIA WILLIAMS

Name

20861 JOHNSON STREET, STE 108

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

PEMBROKE PINES FL 33029

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..*

/s/ Sophia Williams

Registered Agent's Signature (REQUIRED)

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

SOPHIA WILLIAMS

20861 JOHNSON STREET, STE 108

PEMBROKE PINES, FL 33029

(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:**\_\_\_\_\_  
/s/ Mark Fuchs**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.

\_\_\_\_\_  
MARK FUCHS

Typed or printed name of signer

**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)**