# Florida Department of State

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.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : M. BURR KEIM COMPANY

Account Number: I19990000242 Phone : (215)563-8113 Fax Number : (215)977-9386

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_mkhacer@mtklawgroup.com

## FLORIDA LIMITED LIABILITY CO. **Granier Franchise Company LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

DocuSign Envelope ID: 4C9C2B1C-F087-4592-8BDA-C676EF369D9A

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#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

Granier Franchise Company 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:	Mailing Address:
18230 Collins Avenue	18230 Collins Avenue
Sunny Isles, FL 33160	Sunny Isles, F1, 33160
	***

#### 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:

M.T.K Internation	al Law Group, PA, c/c Name	Missiva Khacer
1900 North Baysh	ore Drive, Suite 1A-10	<u>)</u> 7
Florida street addr	ess (P.O. Box <u>NOT</u> ac	cceptable)
Miami	FL	33132
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. Thereby 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 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Missina Eleacer
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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### ARTICLE IV-

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

"AMBR" = Manager  AMBR   World Oventures LLC   18230 Collins Avenue	<u>Tide:</u>	uthorized Manshor	Name and Address:		
AMBR   World Oventures LLC   18230 Collins Avenue   Sums Isles, FL 33160    AMBR   Granier Pastry & Bakery Coffee LLC   18230 Collins Avenue   Sunny Isles, FL 33160    AMBR   Granier Pastry & Bakery Coffee LLC   18230 Collins Avenue   Sunny Isles, FL 33160    CLE V: Effective date, if other than the date of filing:					
AMBR Granier Pastry & Bakery Coffee LC 18230 Collins Avenue Sunny Isles, FL 33160  CLE V: Effective date, if other than the date of filing:		····g··	World Oventures LLC		
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)