7/25/23, 12:33 PM Division of Corporations

L23000366497

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To:

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Fax Number : (850)617-6381

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Account Name : AGENTS AND CORPORATIONS, INC
Account Number : I20010000112
Phone : (302)575-0875
Fax Number : (302)575-1642

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FLORIDA LIMITED LIABILITY CO.
AUTHENTIC GOURMET CAFE LLC

Certificate of Status	0
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Fax Confirmation Report

Date & Time : JUL-25-2023 11:05AM TUE
Fax Number : 302-575-1642
Fax Name : Williams Law Firm
Model Name : WorkCentre 4260

Total Pages Scanned: 3

No.	Remote Station	StartTime	Duration	Page	Mode	Job Type	Result
001	18506176381	07-25 11:04AM	00'54	003/003	EC	HS	Success

Abbreviations:

HS:Host Send	PL:Polled Local	EC:Error Correct	TS:Terminated by System
HR:Host Receive	PR:Polled Remote	MP:Mailbox Print	RP:Report
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Fax Number : (850)617-6381

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AUTHENTIC GOURMET CAFE LLC

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TALLAHASSEE, FL

2nd Fax - original sent 7-25

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

AUTHENTIC GOURMET CAFE LLC
(Must end with 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:

933 15th Street, Unit B
Santa Monica, CA, 90403

Mailing Address:

933 15th Street, Unit B
Santa Monica, CA, 90403

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:

AGENTS AND CORPORATIONS, INC.
Name

539 FIFTH AVENUE SOUTH SUITE 330
Florida street address (P.O. Box NOT acceptable)

NAPLES FL 34102
City 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.

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TALLAHASSEE, FL

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Agents and Corporations, Inc.

By: John L. Williams
Registered Agent's Signature (Required)
John L. Williams, President

(CONTINUED)

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	
AMBR	Christophe Brayer 933 15th Street, Unit B Santa Monica, CA, 90403
AMBR	Khaled Alwoqayan 515 N Linden Drive Beverly Hills, CA, 90210
MGR	Guilhem Castagne 9663 Santa Monica Blvd #253 Beverly Hills, CA, 90210

(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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.
(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Guilhem M. Castagne , Manager

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)

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