123000466304

| (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



000416577680

18/09/23--01011--004 **125.00

SECRETARY OF STATE
TALL AHASSEF FI

COVER LETTER

| | New Filing Se Division of Co | | | | | | |
|---|---------------------------------|--|---|--|----------------------------------|-----------------|--|
| SUBJEC | | use Coffee Company | LLC | | | | |
| 00000 | | Name | of Limited Liab | oility Company | | | |
| The enclo | osed Articles o | f Organization and fe | c(s) are submitt | ed for filing. | | | |
| Please ret | urn all corresp | ondence concerning | his matter to the | e following: | | | |
| | Bryan J. Sta | inley | | | | | |
| | | | Name | of Person | | ····· | |
| | Bryan J. Sta | inley P.A. | | | | | |
| | | | Firm/0 | Сотрапу | _ | | |
| | 209 Turner | Street | | | | | |
| | | <u></u> | Ad | dress | | | |
| | Clearwater, | FL 33756 | | | | | |
| | brvan@brvan | ijstanley.com | City/State a | and Zip Code | | | |
| | | | used for future | annual report notificat | ion) | | |
| For further | information co | ncerning this matter, | please call: | | | | |
| | Bryan Stanley at | | 727 at (| 461-1702 | | | |
| | Nam | ne of Person | Area Code | Daytime Telephor | ie Number | | |
| Enclosed | is a check for t | he following amount: | | | | 20 | |
| ≡\$1 25.00 | 0 Filing Fee | □\$130.00 Filing B Certificate of State | us Certi | 55.00 Filing Fee & fied Copy and copy is enclosed) | Certificate Certified C | pp//s enclosed) | |
| Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | | Street Address New Filing Section D The Centre of Tallah 2415 N. Monroe Stre Tallahassee, FL 3230 | assee et, Suite 810 | AH 12: 20 OF STATE SEE, FL | | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ··· | OFFEE COMPANY LL tain the words "Limited | | "[C "or"[C") | | |
|--|---|---|-------------------------------------|--|--|
| | and the World's Estimated | maonity company, | Table, of the j | | |
| ARTICLE II - Address: The mailing address and street a | ddress of the principal o | office of the Limited | Liability Company is: | | |
| <u>Princip</u> | al Office Address: | | Mailing Address: | | |
| 209 Turner Street | | 209 | 209 Turner Street | | |
| Clearwater, FL 3375 | 6 | Clea | Clearwater, FL 33756 | | |
| The name and the Florida street | active Florida registration address of the registered | on.) | You must designate an individual or | | |
| | active Florida registration address of the registered Bryan J. Stanley 209 Turner Street | on.) d agent are: Name | | | |
| | active Florida registration address of the registered Bryan J. Stanley | on.) d agent are: Name | | | |
| | active Florida registration address of the registered Bryan J. Stanley 209 Turner Street Florida street address Clearwater | on.) d agent are: Name s (P.O. Box NOT ac | | | |
| | active Florida registration address of the registered Bryan J. Stanley 209 Turner Street Florida street address | on.) d agent are: Name s (P.O. Box NOT ac | cceptable) | | |

| ARTICLE IV | - |
|--------------|---|
| The name and | a |

ddress of each person authorized to manage and control the Limited Liability Company;

| Title: | Name and Address: |
|--|--|
| "AMBR" = Authorized Member "MGR" = Manager | |
| MGR | Porter A. Stanley |
| | 209 Turner Street Clearwater, FL 33756 |
| | |
| | |
| | |
| | |
| | |
| | |
| (Use attachment if necessary) | |
| ARTICLE V: Effective date, if other than the da (If an effective date is listed, the date must be | ate of filing: 10/05/2023 (OPTIONAL) 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 no | t meet the applicable statutory filing requirements, this date will not be listed as |
| the document's effective date on the Departme | nt of State's records. |
| ARTICLE VI: Other provisions, if any. | |
| | |
| | |
| REQUIRED SIGNATURE: | |
| 1200 | 79~-> |
| Signature of a 1 | member or an authorized representative of a member. |
| This document is exec | cuted in accordance with section 605.0203 (1) (b), Florida Statutes. Ise information submitted in a document to the Department of State |
| constitutes a third deg | ree 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

Porter A. Stanley
Typed or printed name of signee