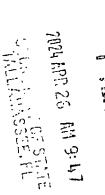
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(Requestor's Name)
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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 04/26/2024	_		**WAL	K IN**
ENTITY NAME Coral S	Square Coffee and Bakery LLC			
DOCUMENT NUMBER_				
	PLEASE FILE THE ATTACHED AND RETURN			
xxxxxxxx	Plain Copy			
	Certified Copy Certificate of Status			
*:	*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY Certified Copy of Arts & Amendments Certificate of Good Standing	/##	70945225 /	
	APOSTILLE' / NOTARIAL CERTIFICATION	ESTATE EE, FL	MH 9: 67	
COUNTRY OF DESTINA NUMBER OF CERTIFICA			- -	
TOTAL OWED \$125	ACCOUNT #: 120160	_		
Please call Tina at	the above number for any issues or concerns. Thank		ruch!	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability (Company is:			
Coral Square Coffee an	d Bakery LLC			
(Must contain	the words "Limited	Liability Company,	"L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address	ress of the principal o	office of the Limited	Liability Company is:	
<u>Principal</u>	Principal Office Address:		Mailing Addres	<u>ss</u> :
9469 W Atlantic Blvd,	c/o (Gregorys Coffee, Inc.		
Coral Springs, FL 3307			6th Ave.	
		<u>New</u>	/ York, NY 10001	
•	•	Lagent are:	<u>. </u>	
•	Florida street addres		eceptable)	
	Tallahassee	FL	32301	
_	City	State	Zip	
Having been named as registered age place designated in this certificate, I) further agree to comply with the prov am familiar with and accept the oblig	nereby accept the app isions of all statutes r ations of my position /Si	ointment as register elating to the proper	ed agent and agree to act in and complete performance as provided for in Chapter 6	this capacity. I of my duties, and I,

ARTICLE IV-

A Company

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

HIARADDH - A. A	M I	
"AMBR" = Authorized	Member	
"MGR" = Manager		
AMBR	Gregorys Coffee, Inc.	
	874 6th Avc.	
	New York, NY 10001	
		
(Use attachment if nec	ther than the date of filing: (OPTIONAL)	ave of
TICLE V: Effective date, if n effective date is listed, the late of filing.) e: If the date inserted in this document's effective date of	ther than the date of filing:	
ICLE V: Effective date, if a effective date is listed, the ate of filing.) If the date inserted in this locument's effective date of ICLE VI: Other provisions	ther than the date of filing:	
ICLE V: Effective date, if n effective date is listed, the ate of filing.) E: If the date inserted in this locument's effective date of ICLE VI: Other provisions	ther than the date of filing:	
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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)