Division of Corporations Electronic Filing Cover Sheet

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(((H24000194160 3)))



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Division of Corporations

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From:

Account Name : RABIDEAU KLEIN Account Number : I20200000035 Phone : (561)655-6221 Fax Number : (561)655-3221

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. CAFE L'EXPRESS, LLC

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$160.00

		C	OVER LETT	rer		
TO: N	lew Filing Se Division of Co	stion rporations				
SUBJECT	CAFE L'E	XPRESS, LLC				
		Name of L	imited Liabil	ity Company		
The enclo	sed Articles of	Organization and fee(s) a	re submitted	for filing.		
Please retu	ırn ail corresp	andence concerning this n	natter to the f	ollowing:	:	Ŕ
	DAVID E. I	CLEIN			· ·	٠.٠
			Name of	Person		
	RABIDEAU	KLEIN				
			Firm/Co:	mpany		
	440 ROYAL	. PALM WAY, SUITE 10	01			
			Addre	÷ss		
	PALM BEA	CH, FL 33480				
			City/State and	Zip Code		
	_ 	ABIDEAUKLEIN.COM	10.0			
		8-mail address: (to be used		nnual report notificat	ion)	
For further i	nformation co	ncerning this matter, pleas	ie call:			
	GARRETT E		561	655-6221		
	Nam	c of Person A	Area Code	Daytime Telephor	ie Number	
Enclosed is	a check for th	ne following amount.				
□\$125.00	Filing Fee	☐\$130.00 Filing Fee & Certificate of Status	Cortifie	.00 Filing Fee & d Copy I copy is enclosed)	■\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclose	

Mailing Address
New Filing Section
Division of Corporations

Street Address
New Filing Section Division The Centre of Tallahassec

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited	Liability Company is:	
<u>CAFE L'EX</u>		
(1/2)	ust constin the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address The mailing address and	· -	of the Limited Liability Company is:
	Principal Office Address:	Mailing Address:
	COUNTY ROAD CH, FL 33480	231 SOUTH COUNTY ROAD PALM BEACH, FL 33480
(The Limited Liability C	ered Agent, Registered Office, & Roompany cannot serve as its own Reg with an active Florida registration.)	egistered Agent's Signature; istered Agent. You must designate an individual or
The name and the Florid	a street address of the registered age	nt arc:
	<u>DAVID</u> E. KLEIN	
	Na	me
	440 ROYAL PALM WA	Y, SUITE 101
•	Florida street address (P.0	D. Box NOT acceptable)

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..

FL

State

PALM BEACH

City

Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	MARK MARCELLO 331 SOUTH COUNTY ROAD PALM BEACH, FL 33460
(Use attachment if necessary) CLE V: Effective date, if other than the	the date of filing:
CLE V: Effective date, if other than the effective date is listed, the date must te of filing.) If the date inserted in this block does coment's effective date on the Department's	t be specific and cannot be more than five business days prior to or 90 days as not meet the applicable statutory filing requirements, this date will not be lis
CLE V: Effective date, if other than the effective date is listed, the date must te of filing.) If the date inserted in this block does cument's effective date on the Department of the Depart	t be specific and cannot be more than five business days prior to or 90 days as not meet the applicable statutory filing requirements, this date will not be lis
CLE V: Effective date, if other than the effective date is listed, the date must te of filling.)	t be specific and cannot be more than five business days prior to or 90 days as not meet the applicable statutory filing requirements, this date will not be lis
CLE V: Effective date, if other than the effective date is listed, the date must te of filing.) If the date inserted in this block does cument's effective date on the Depart CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is 1 am aware that ar	t be specific and cannot be more than five business days prior to or 90 days as not meet the applicable statutory filing requirements, this date will not be lis
CLE V: Effective date, if other than the effective date is listed, the date must te of filing.) If the date inserted in this block does cument's effective date on the Department's effective	is not meet the applicable statutory filing requirements, this date will not be list timent of State's records. If a member or an authorized representative of a member, executed in accordance with section 605.0203 (1) (b), Florida Statutes, by false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.

(((H24000194143 3)))

ARTICLES OF ORGANIZATION OF WELL ANALYZED, LLC

a Florida limited liability company

The following Articles of Organization are adopted by the members of WELL ANALYZED, LLC, a limited liability company established and governed by the limited liability company laws of the state of Florida (the "Act").

ARTICLE I - Name: The name of this limited liability company (the "Company") is WELL ANALYZED, LLC.

ARTICLE II - Address:

The Principal Address of the Company will be:

1304 Turtle Dunes Court, Ponte Vedra Beach, FL 32082; and,

The Mailing Address of the Company will be:

the same.

ARTICLE III - Registered Agent and Office for Service of Process. The Company's initial Registered Office for service of process will be at 523 E. Lumsden Rd., Brandon, FL 33511, and the name of its initial Registered Agent for service of process at that address will be The Law Office of Jeffrey Dowd, PA.

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.

Registered Agent Signature

Jeffrey A Dowd

ARTICLE IV - **Management.** The Company shall be a member-managed company and the name and address of each person authorized to manage and control the Limited Liability Company are as follows:

MBR

MARC E. FRIEDMAN,

1304 Turtle Dunes Court

Ponte Vedra Beach, FL 32082

The effective date of the Limited Liability Company shall be the date of filing.

REQUIRED SIGNATURE:

Marc Friedman

MARC E. FRIEDMAN

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 fellony as provided for in s.817.155, F.S.