

L24000283709

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

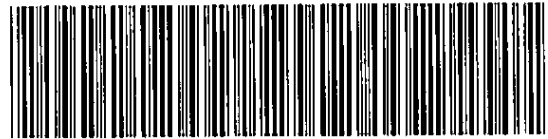
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer

Office Use Only



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2024 JUN 24 AM 9:47

CLERK OF STATE  
TALLAHASSEE, FL

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2024 JUN 24 AM 4:45

CLERK OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA CAPITAL COURIER SERVICES, INC**

2330 CLARE DR  
TALLAHASSEE, FL 32309

(850) 491-9625 Brandon

(850) 524-5437 Teresa

(850) 524-6243 Rich

**Please use funds from account: I20210000160: \$125.00**

**Authorization Signature:** James Lee

**Business Name:** CAFEDEORIGEN LLC

**Document #**

☐ Certified Copy

☐ Certificate of Status

**NEW FILINGS**

**&**

**AMENDMENTS**

☐ Profit Corp

☐ Not for Profit

☒ **Limited Liability**

☐ Domestication

☐ LLLP

☐ Corp

☐ Inc

☐ Other

☐ Amendment

☐ Resignation / Dissociation

☐ Change of Registered Agent

☐ Revocation of Dissolution

☐ Merger

☐ Articles of Conversion

☐ Amended & Restated Articles of Incorporation

☐ Statement of Authority

**APOSTILLE(s)**

**&**

**OTHER FILINGS**

☐ Apostille(s)

☐ Country(s)

☐ Foreign Filing

☐ Reinstatement

☐ Qualification

☐ Fictitious Name

☐ Annual Report

EXAMINER'S INITIALS: \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FL

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EXAMINER'S INITIALS: \_\_\_\_\_

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** CAFEDEORIGEN LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARTIN E DELLOCA

\_\_\_\_\_  
Name of Person

MDELL CONSULTING CORP

\_\_\_\_\_  
Firm/Company

848 BRICKELL AVE STE 1130

\_\_\_\_\_  
Address

MIAMI, FL, 33131

\_\_\_\_\_  
City/State and Zip Code

MDELLOCA@MDELLCONSULTING.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

2024 JUN 24 AM 9:47

SECRETARY OF STATE  
TALLAHASSEE, FL

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For further information concerning this matter, please call:

MARTIN E DELLOCA

305

6073493

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

CAFEDEORIGEN 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:**

848 BRICKELL AVE STE 1130  
MIAMI, FL 33131

**Mailing Address:**

848 BRICKELL AVE STE 1130  
MIAMI, FL 33131

**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:

BLUEMAX PARTNERS CORP

Name

848 BRICKELL AVE STE 1130

Florida street address (P.O. Box **NOT** acceptable)

MIAMI

City

FLORIDA

State

33131

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.*

mcdell Oca

Registered Agent's Signature (REQUIRED)

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STATE  
TALLAHASSEE

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

MGR

DELBIZ LLC  
848 BRICKELL AVE STE 1130  
MIAMI, FL 33131

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**

*mcDel'oca*

**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 felony as provided for in s.817.155, F.S.

MARTIN E DELLOCA

Typed or printed name of signee

**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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