M18000009247

(Requestor's Name)						
(Äddress)						
(Address)						
(3.3.1.1)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
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CLINE EN PS

EXAMINER

SUNSHINE CORPORATE FILING OF FLORIDA INC.

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

DATE 10/15/18	**WALK IN**
ENTITY NAME COFFEE BEAN INTERNATIONAL 2	LC
DOCUMENT NUMBER	
PLEASE FILE THE ATTACHED, AND RETURN	
Plain Copy Certified Copy Certificate of Status	
PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY	€.
Certified Copy of Arts & Amendments Certificate of Good Standing	
**APOSTILLE' / NOTARIAL CERTIFICATION **	
COUNTRY OF DESTINATION	
TOTAL OWED \$155,00 CHECK # 5340	
Please call Tina at the above number for any issues or concerns, Thank you	so much!

COVER LETTER

TO:		ation Section 1 of Corporation	s						
SUBJE		FFEE BEAN IN	TERNATIONAL LLC						
30036	···	Name of Limited Liability Company							
The enci	losed "Ap	pplication by Foreneck are submitted	eign Limited Liability Compa I to register the above refere	any for Authoriza nced foreign limit	tion to Trai ed liability	nsact Business in Floric company to transact b	da," Certificate usiness in Floric		
Please re	eturn all o	correspondence c	oncerning this matter to the f	ollowing:					
		Dolores Burton							
		•	Na	me of Person					
		United Corpora	te Services. Inc.				1 16		
			Fir	m/Company					
		100 State Street	., Suite 800				- 70 - 70		
	Address								
		Albany, NY 12	207						
			City/Sta	ate and Zip Code					
		Joey.Kelley@uni	tedcorporate.com						
	-		E-mail address: (to be used	for future annual	report noti	tication)			
For furth	her inforr	nation concerning	this matter, please call:						
				at ()				
		Name of	Contact Person	Area Code	Dayı	ime Telephone Numbo	er		
	Divisior Registra P.O. Bo	NG ADDRESS: n of Corporations ation Section x 6327 (see, FL 32314			Division of Registration Clifton Bu 2661 Exec	ADDRESS: of Corporations on Section uilding cutive Center Circle ce, FL 32301			
Enclosed		ck for the followi .00 Filing Fee	ing amount: S130.00 Filing Fee & Certificate of Status	S155.00 Filin Certified Copy	g Fee &	□ \$160.00 Filing Fee of Status & Certified			

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

٠.,,,,			a contraction of the contraction				
1	OFFEE BEAN INTE	RNATIONAL LI	JC npany; must include "Limited I	inkilina Con	wagner " " L.C. " as "LLC."		
	(Name of Poletign	Limited Liability Cor	npuny, must include tamined i	hability Cor	npany, E.C., or E.C.)		
/II'nas	ne unamilable, euter alternate n	name adapted for the name	ose of transacting business in Florida	a. The alternat	a name must include "Limited Lin	nility Commany ""! I	C"0:"IIC")
	elaware	mine adopted for the perp	ose of transacting pusitiess in Fiorini		e name mass member 1.mmeu 1.m.	only company, 15 to	e, or Ede.)
2	(Juriseliction under the law of w	hich foreign limited liabili	ty company is organized)	3	(FEI munt	per, if applicable)	
					•	,	
4	Upon filing	m id					_
		(See sections 605 0	ed business in Florida, if prior to reg 1901 & 605.0905, F.S. to determine	istration.) penalty liabilit	y)		
5.	1912 Farmer Brothers	Drive		6. 191	2 Farmer Brothers Driv (Mailing Add	re	. ල
_	(Street Address of I	•				ess)	 :
1,	Northlake, Texas 7626		.	Nor	thlake, Texas 76262		
_							
							T
7. N	Jame and street addres	ss of Florida regis	tered agent: (P.O. Box 1	SOT accep	otable)		
		Lipited Cornors	te Services, Inc.				
	Name:	Office Corpora	te Services, inc.		_		Ü
	Office Address:	9200 South Dad	cland Blvd., Ste. 508				
		Miami			22156		
		- Itilaliii	(City)		, Florida <u>33156</u> (Zip cod	•)	
Reg	istered agent's accep	tance:	10.177		(2.5 000	~,	
	accept the obligation:	/s/ Michael A. B	•				
			(Registered agent's sign	nature)			
8. 1	The name, title or capa	icity and address of	of the person(s) who has/	have autho	ority to manage is/are:		
	Title or Capacity:	<u>Name</u>	and Address:	Title o	r Capacity:	Name and A	<u>(ddress:</u>
	Member	Farmer	Bros Co.				
	· · · · · ·		armer Brothers Drive				
		Northla	ke, Texas 76262				
	······································	···					
(Us	e attachments if neces	sary)					
9. Ai	ttached is a certificate	of existence, no n	nore than 90 days old, du	ly authent	icated by the official ha	ving custody of	records in the
			nized. (If the certificate i	s in a fore	ign language, a translati	on of the certifi	icate under oath
of th	e translator must be su	ibmitted)					
10. 1	This document is exec	uted in accordance	e with section 605.0203 (1) (b), Fło	rida Statutes. I am awar	e that any false	information
			of State constitutes a third				
		/s/ David G.	Robson				
				m authorized p	erson		
		David C. D. J.	_				
		David G. Robson		nted name of s	timee		

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "COFFEE BEAN INTERNATIONAL LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE NINTH DAY OF OCTOBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COFFEE BEAN INTERNATIONAL LLC" WAS FORMED ON THE FIFTH DAY OF OCTOBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 203576728

Date: 10-09-18

7020137 8300 SR# 20187056399