351 6200

Receipt Number: 677999

File Number DL013976

DL013976

ARTICLES OF ORGANIZATION

ARTICLES_OF_ORGANIZATION

For

JAVA HUT COFFEE SHOP LLC

Filed at the request of:

ROBERT V HAEDER
BLUE & HAEDER
PO BOX 1414
HURON SD 57350

State of South Dakota
Office of the Secretary of State

Filed in the office of the Secretary of State on: **Friday, May 25, 2007**

Chris Nelson

Secretary of State

Fee Received: $125.00

State of South Dakota

OFFICE OF THE SECRETARY OF STATE

Certificate of Organization
Limited Liability Company

ORGANIZATIONAL ID #: DL013976

I, Chris Nelson, Secretary of State of the State of South Dakota, hereby certify that the Articles of Organization of **JAVA HUT COFFEE SHOP LLC** duly signed and verified, pursuant to the provisions of the South Dakota Limited Liability Company Act, have been received in this office and are found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I hereby issue this Certificate of Organization and attach hereto a duplicate of the Articles of Organization.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of South Dakota, at Pierre, the Capital, this May 25, 2007.

Chris Nelson

Chris Nelson
Secretary of State

Cert of Organization LLC Merge

351 6202

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL AVE.
PIERRE, S.D. 57501
605-773-4845

RECEIVED
MAY 25 2007
S.D. SEC. OF STATE

ARTICLES OF ORGANIZATION OF A DOMESTIC LIMITED LIABILITY COMPANY

Filed this 25th day of May, 2007
Chris Nelson
SECRETARY OF STATE

1. The name of the Limited Liability Company is: Java Hut Coffee Shop LLC

2. The duration of the company if other than perpetual is:

3. The address of the initial designated office is: 800 21st St. SW, Huron, SD 57350

4. The name and street address of the initial agent for service of process is: Tammi S. Schimke, 39555 209th St., Huron, SD 57350

5. The name and address of each organizer:

Vickie L. Meyer, 21175 396th Ave., Huron, SD 57350
Tammi S. Schimke, 39555 209th St., Huron, SD 57350

6. If the company is to be a manager-managed company rather than a member-managed company, the name and address of each initial manager is:

7. Whether one or more of the members of the company are to be liable for its debts and obligations under SDCL 47-34A-303 (c).

No

8. Any other provisions not inconsistent with law, which the members elect to set out in the articles of organization.

The Articles of Organization must be signed by the organizers and must state adjacent to the signature the name and capacity of the signer.

Date May 22, 2007

Vickie L. Meyer, President, Treasurer
(Signature and Title)

Tammi S. Schimke Vice President & Secretary
(Signature and Title)

(Signature and Title)

The Consent of Appointment below must be signed by the registered agent.

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, Tammi S. Schimke, hereby give my consent to serve as the
(name of registered agent)

registered agent for Java Hut Coffee Ship LLC
(limited liability company name)

Dated May 22, 2007

Tammi S. Schimke
(signature)

FILING INSTRUCTIONS:
One or more persons may organize a Limited Liability Company
One original and one exact or conformed copy must be submitted
FILING FEE $125

domesticllcarticlesoforganization july 2006

pd 39.00

2008 ANNUAL REPORT

FILE DATE 06/13/08
RECEIPT NO 1805889
RECEIVED
MAY 27 2008
S.D. SEC. OF STATE
RECEIVED
JUN 13 2008
S.D. SEC. OF STATE

DOMESTIC L.L.C.
PLEASE TYPE OR USE BLACK INK
FILING FEE: $50 ADDITIONAL PENALTY FEE OF $50 APPLIES TO ALL LATE FILINGS

277 3818

1. L.L.C. Name, Registered Agent and Mailing Addr

DL013976
DL013976 MAY/0000
JAVA HUT COFFEE SHOP LLC
SCHIMKE, TAMMI S
39555 209TH ST
HURON SD 57350-6505

There is no change. That is the correct address for Tammi Schimke.
Vickie L. Meyer

Telephone #
FAX #

FILING DATE: Due during the month the Certificate of Organization was issued, and delinquent after the last day of the following month.

2. The state or country under whose law it is organized is: South Dakota

3. The address of its registered office and the name of its registered agent for service of process in South Dakota is:

Java Hut Coffee Shop LLC ~~800 21st St. SW #1~~ 39555 209th St Hurm SD 57350
Tammi S. Schimke

4. The address of its principal office is: Java Hut ~~800~~ 800 21st St. SW #1 Hurm SD 57350

5. The names and business addresses of any managers:

~~Tammi S. Schimke 800 21st St. SW #1 Hurm SD 57350~~
~~Vickie L. Meyer 800 21st St. SW #1 Hurm SD 57350~~
Tammi S. Schimke 39555 209th St Hurm, SD 57350
Vickie L. Meyer 21175 396th Ave Huron, SD 57350

The information must be current as of the date the annual report is signed on behalf of the limited liability company. The annual report must be **signed** by a **manager** of a manager-managed company, or a **member** of a member-managed company. It must state adjacent to the signature the name and capacity of the signer.

Dated May 23, 2008

Signature

Tammi S. Schimke
Printed Name

Agent, Vice President
Title

RETURN TO: SECRETARY OF STATE, 500 E. CAPITOL, PIERRE, S.D. 57501-5077
PHONE: 605-773-4845
www.sdsos.gov

Revised 7/05 DBLLCAR.DOC

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL AVE.
PIERRE, S.D. 57501
605-773-4845

LIMITED LIABILITY
STATEMENT OF CHANGE OF REGISTERED OFFICE, OR REGISTERED AGENT, OR BOTH

FILING FEE: $10

The undersigned Limited Liability Company submits the following statement for the purpose of changing its registered office and/or its registered agent in the state of South Dakota.

1. The name of the limited liability company is _____

2. The previous address of its registered office _____

_____ ZIP _____

3. The address to which the registered office is to be changed (including street address) is _____

_____ ZIP _____

4. The name of its previous registered agent is _____

5. The name of its successor registered agent is _____

***The Consent of Registered Agent below must be completed by the new agent.**

6. The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.

7. The change was authorized by affirmative vote of a majority of the members of the limited liability company.

The statement shall be verified by one or more of its managers if manager-managed, or by any member if member-managed.

Date _____

_____
(Signature)

_____
(Printed Name)

_____
(Title)

CONSENT OF APPOINTMENT BY THE REGISTERED AGENT

I, _____, hereby give my consent to serve as the
(name of registered agent)
registered agent for _____
(limited liability company name)

Dated _____ _____
(signature)

297 3256 11/12/2009

2009 ANNUAL REPORT
DOMESTIC L.L.C.

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

Please Type or Print Clearly in Ink

FILING FEE: $50 Make check payable to SECRETARY OF STATE

FILE DATE 11-2-09
RECEIPT NO 1965346

RECEIVED
NOV 02 2009
S.D. SEC. OF STATE

1. L.L.C. Name, Registered Agent Name and Address:

DL013976
DL013976 MAY/2008
JAVA HUT COFFEE SHOP LLC
SCHIMKE, TAMMI S
39555 209TH ST
HURON SD 57350-6505

Telephone # _____
FAX # _____

FILING DATE: Due during the month the Certificate of Organization was issued, and delinquent after the last day of the following month.

2. The address of the principal executive office in or out of the State of South Dakota.

Street Address	City	State	ZIP+4
800 21st St. SW #1	Huron	SD	57350
Mailing Address (Optional)	City	State	ZIP+4
800 21st St. SW # 1	Huron	SD	57350

3. The name of the South Dakota Registered Agent Tammi Schimke

Street Address (Required to be a South Dakota Address)	City	State	ZIP+4
39555 209th St	Huron	SD	57350
Mailing Address (Optional – Required to be a South Dakota Address)	City	State	ZIP+4
39555 209th St.	Huron	SD	57350

4. The names and business addresses of its managers. If the L.L.C. is member-managed the names and addresses of the members need not be set forth.

Manager	Street Address	City	State	ZIP+4
Vickie L. Meyer	21775 396th Ave	Huron	SD	57350
Tammi S Schimke	39555 209th St	Huron	SD	57350

Dated 10/30/09

Vickie L. Meyer
(Signature of an Authorized Manager or Member)

Vickie L. Meyer
(Printed Name)

President
(Title)

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

Please Type or Print Clearly in Ink

FILING FEE: $10 Make check payable to SECRETARY OF STATE

The undersigned entity submits the following statement for purpose of changing its registered office and/or its registered agent in the State of South Dakota.

1. The name of the entity _____

_____

2. The name of the registered agent on file _____

   The name of the successor registered agent _____

3. If listing a Commercial Registered Agent, please state their identification number: _____

4. The address of the agent currently on file for this entity

_____
Street Address (Required) City State ZIP+4

_____
Mailing Address (Optional) City State ZIP+4

5. If the address has changed, its new address

_____
Street Address (Required to be a South Dakota Address) City State ZIP+4

_____
Mailing Address (Optional – Required to be a South Dakota Address) City State ZIP+4

6. The address of its registered office and the address of the business office of its registered agent, as changed, must be identical.

Dated _____

_____
(Signature of an authorized officer)

_____
(Printed Name)

_____
(Title)

311 2654

2010 ANNUAL REPORT
DOMESTIC L.L.C.

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

Please Type or Print Clearly in Ink

FILING FEE: $50 Make check payable to SECRETARY OF STATE

FILE DATE 10/13/10
RECEIPT NO 2075576
RECEIVED
OCT 13 2010
S.D. SEC. OF STATE

1. L.L.C. Name, Registered Agent Name and Address:

DL013976
DL013976 MAY/2009
JAVA HUT COFFEE SHOP LLC
SCHIMKE, TAMMI S
39555 209TH ST
HURON SD 57350-6505

Telephone # _____
FAX # _____
FILING DATE: Due during the month the Certificate of Organization was issued, and delinquent after the last day of the following month.

2. The address of the principal executive office in or out of the State of South Dakota.

800 21st St SW #1	Huron	SD	57350
Street Address	City	State	ZIP+4
Mailing Address (Optional)	City	State	ZIP+4

3. The name of the South Dakota Registered Agent Tammi S Schimke

39555 209th St	Huron	SD	57350-6505
Street Address (Required to be a South Dakota Address)	City	State	ZIP+4
Mailing Address (Optional – Required to be a South Dakota Address)	City	State	ZIP+4

4. The names and business addresses of its managers. If the L.L.C. is member-managed the names and addresses of the members need not be set forth.

Manager	Street Address	City	State	ZIP+4
Manager	Street Address	City	State	ZIP+4
Manager	Street Address	City	State	ZIP+4

Dated 10/11/2010

(Signature of an Authorized Manager or Member)

Tammi S Schimke
(Printed Name)

Owner
(Title)

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

Please Type or Print Clearly in Ink

FILING FEE: $10 Make check payable to SECRETARY OF STATE

The undersigned entity submits the following statement for purpose of changing its registered office and/or its registered agent in the State of South Dakota.

1. The name of the entity _____

_____

2. The name of the registered agent on file _____

   The name of the successor registered agent _____

3. If listing a Commercial Registered Agent, please state their identification number: _____

4. The address of the agent currently on file for this entity

_____
Street Address (Required) City State ZIP+4

_____
Mailing Address (Optional) City State ZIP+4

5. If the address has changed, its new address

_____
Street Address (Required to be a South Dakota Address) City State ZIP+4

_____
Mailing Address (Optional – Required to be a South Dakota Address) City State ZIP+4

6. The address of its registered office and the address of the business office of its registered agent, as changed, must be identical.

Dated _____

_____
(Signature of an authorized officer)

_____
(Printed Name)

_____
(Title)

320 2610

2011 ANNUAL REPORT
DOMESTIC L.L.C.

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

Please Type or Print Clearly in Ink

FILING FEE: $50 Make check payable to SECRETARY OF STATE

FILE DATE 5/16/11
RECEIPT NO 21498788

RECEIVED
MAY 16 2011
S.D. SEC. OF STATE

Telephone # _____

1. L.L.C. Name, Registered Agent Name and Address:

DL013976
DL013976 MAY/2010
JAVA HUT COFFEE SHOP LLC
SCHIMKE, TAMMI S
39555 209TH ST
HURON SD 57350-6505

2. The jurisdiction under whose law it is formed South Dakota

3. The address of the principal executive office in or out of the State of South Dakota.

Street Address	City	State	ZIP+4
~~800~~ 800 21st St. SW #1	Huron	SD	57350
Mailing Address	City	State	ZIP+4
800 21st St. SW #1	Huron	SD	57350

Email Address

4. The name of the South Dakota Registered Agent Tammi Schimke

Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
39555 209th St.	Huron	SD	57350
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

Email Address

5. If member-managed, do not complete. If manager-managed, please complete.

Manager	Street Address	City	State	ZIP+4
Manager	Street Address	City	State	ZIP+4
Manager	Street Address	City	State	ZIP+4

No person may execute this report knowing it is false in any material respect. Any violation is subject to a civil penalty.

Dated 5/14/2011

Email _____

Vickie L. Meyer
(Signature of an Authorized Person)

Vickie L. Meyer
(Printed Name)

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

Please Type or Print Clearly in Ink

FILING FEE: $10 Make check payable to SECRETARY OF STATE

The undersigned entity submits the following statement for purpose of changing its registered office and/or its registered agent in the State of South Dakota.

1. The name of the entity _____

_____

2. The name of the registered agent on file _____
(Old Registered Agent)

The name of the successor registered agent _____
(New Registered Agent)

3. If listing a Commercial Registered Agent, please state their identification number _____

4. The address of the agent currently on file for this entity **(Old Registered Agent Address)**

_____
Street Address (Required) City State ZIP+4

_____
Mailing Address City State ZIP+4

5. If the address has changed, list the new registered agent address

_____
Street Address or Rural Route Box Number in This State and City State ZIP+4

_____
Mailing Address in This State, if Different from Street Address City State ZIP+4

_____
Email Address

6. The address of its registered office and the address of the business office of its registered agent, as changed, must be identical.

No person may execute this report knowing it is false in any material respect. Any violation is subject to a civil penalty.

Dated _____ _____
(Signature of an Authorized Person)

Email _____ _____
(Printed Name)

2012 Enter Filing Year

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH

DOMESTIC LLC

Please Type or Print Clearly In Ink

FILING FEE: $10.00 Make check payable to SECRETARY OF STATE

FILE 2/25/2013

RECEIPT NO 96505

1. L.L.C. ID and Name:
DL013976
JAVA HUT COFFEE SHOP LLC
800 21ST ST SW # 1
HURON, SD 57350-4399

2. The jurisdiction under whose law it is formed SOUTH DAKOTA

3. The address of the agent currently on file for this entity.

Agent Name: TAMMI S SCHIMKE

39555 209TH ST	HURON	SD	57350-6505
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

4. If the address has changed, its new address.

New Agent Name: TAMMI S MEYER

39555 209TH STREET	HURON	SD	57350
Street Address or Rural Route Box Number in This State and	City	State SD	ZIP+4
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

No person may execute this report knowing it is false in any material aspect. Any violation is subject to a civil penalty.
By signing this form you agree to have both the fee and the form processed electronically.

Date 02/25/2013

Signature Accepted Electronically

(Signature of an Authorized Person)

VICKIE MEYER

(Printed Name)

2/25/2013 10:15:34 AM

2012 Enter Filing Year

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

ANNUAL REPORT

DOMESTIC LLC

Please Type or Print Clearly In Ink

FILING FEE: $50.00 Make check payable to SECRETARY OF STATE

FILE 2/25/2013
RECEIPT NO 96505

1. L.L.C. ID and Name:
DL013976
JAVA HUT COFFEE SHOP LLC
800 21ST ST SW # 1
HURON, SD 57350-4399

2. The jurisdiction under whose law it is formed SOUTH DAKOTA

3. The address of the principal executive office (business address).

800 21ST ST SW # 1	HURON	SD	57350-4399
Street Address	City	State	ZIP+4
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: TAMMI S MEYER

39555 209TH STREET	HURON	SD	57350
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
		SD	
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

5. The names and business addresses of its managers. If the L.L.C. is member-managed, the names and addresses of the members need not be set forth.

[X]	DONNA JOHNSEN	800 21ST ST SW #1	HURON	SD	57350
	Manager	Street Address	City	State	ZIP+4
[ ]					
	Manager	Street Address	City	State	ZIP+4
[ ]					
	Manager	Street Address	City	State	ZIP+4

No person may execute this report knowing it is false in any material aspect. Any violation is subject to a civil penalty.
By signing this form you agree to have both the fee and the form processed electronically.

Date 02/25/2013

Signature Accepted Electronically
(Signature of an Authorized Person)
VICKIE MEYER
(Printed Name)

2/25/2013 10:15:34 AM

2013 **Enter Filing Year**

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

ANNUAL REPORT

DOMESTIC LLC

Please Type or Print Clearly In Ink

FILING FEE: $50.00 **Make check payable to SECRETARY OF STATE**

FILE 8/7/2013

RECEIPT NO 133784

1. L.L.C. ID and Name:
DL013976
JAVA HUT COFFEE SHOP LLC
800 21ST ST SW # 1
HURON, SD 57350-4399

2. The jurisdiction under whose law it is formed SOUTH DAKOTA

3. The address of the principal executive office (business address).

800 21ST ST SW # 1	HURON	SD	57350-4399
Street Address	City	State	ZIP+4
Mailing Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: TAMMI S MEYER

39555 209TH STREET	HURON	SD	57350
Street Address or Rural Route Box Number in This State and	City	State	ZIP+4
		SD	
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

5. The names and business addresses of its managers. If the L.L.C. is member-managed, the names and addresses of the members need not be set forth.

[X]	DONNA JOHNSEN	800 21ST ST SW #1	HURON	SD	57350
	Manager	Street Address	City	State	ZIP+4
[ ]					
	Manager	Street Address	City	State	ZIP+4
[ ]					
	Manager	Street Address	City	State	ZIP+4

No person may execute this report knowing it is false in any material aspect. Any violation is subject to a civil penalty.
By signing this form you agree to have both the fee and the form processed electronically.

Date 08/07/2013

Signature Accepted Electronically

(Signature of an Authorized Person)

TAMMI SUE MEYER

(Printed Name)

8/7/2013 3:00:07 PM

2014

Enter Filing Year

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

ANNUAL REPORT

DOMESTIC LLC

SDCL 47-34A-211; 59-11-24, 24.1

Please Type or Print Clearly In Ink

FILING FEE: $50.00 Make check payable to SECRETARY OF STATE

FILE DATE 4/26/2016

RECEIPT NO 409087

1. LLC ID and Name:

DL013976
Enter LLC ID

JAVA HUT COFFEE SHOP LLC
Enter LLC Name

2. The jurisdiction under whose law it is formed SOUTH DAKOTA

3. The address of the principal executive office (business address).

800 21ST ST SW # 1	HURON	SD	57350-4399
Actual Street Address or Rural Route Box Number	City	State	ZIP+4
Mailing Address, if Different from Street Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: TAMMI S SCHIMKE

39555 209TH ST	HURON	SD	57350-6505
Actual Street Address or Rural Route Box Number in This State	City	State	ZIP+4
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

5. The names and business addresses of its principal officers and directors (governors). If, pursuant to SDCL 59-11-24, the board of directors has been eliminated, list the names of the shareholders.

☐

Manager	Actual Street Address	City	State	ZIP+4

☐

Manager	Actual Street Address	City	State	ZIP+4

No person may execute this report knowing it is false in any material aspect. Any violation is subject to a civil penalty (SDCL 47-1A-129).

Dated 04/26/2016

Signature Accepted Electronically
(Signature of an Authorized Person)

TAMMI MEYER
(Printed Name)

*By signing this form you agree to have both the fee and the form processed electronically. A fee of up to $40 will be assessed for returned payments.

4/26/2016 3:42:47 PM

2015

Enter Filing Year

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

ANNUAL REPORT

DOMESTIC LLC

SDCL 47-34A-211; 59-11-24, 24.1

Please Type or Print Clearly In Ink

FILING FEE: $50.00 Make check payable to SECRETARY OF STATE

FILE DATE 4/26/2016

RECEIPT NO 409096

1. LLC ID and Name:

DL013976
Enter LLC ID

JAVA HUT COFFEE SHOP LLC
Enter LLC Name

2. The jurisdiction under whose law it is formed SOUTH DAKOTA

3. The address of the principal executive office (business address).

2375 DAKOTA AVE	HURON	SD	57350-4399
Actual Street Address or Rural Route Box Number	City	State	ZIP+4
Mailing Address, if Different from Street Address	City	State	ZIP+4

4. The name of the South Dakota Registered Agent

Agent Name: TAMMI S SCHIMKE

39555 209TH ST	HURON	SD	57350-6505
Actual Street Address or Rural Route Box Number in This State	City	State	ZIP+4
Mailing Address in This State, if Different from Street Address	City	State	ZIP+4

5. The names and business addresses of its principal officers and directors (governors). If, pursuant to SDCL 59-11-24, the board of directors has been eliminated, list the names of the shareholders.

☐

Manager	Actual Street Address	City	State	ZIP+4

☐

Manager	Actual Street Address	City	State	ZIP+4

No person may execute this report knowing it is false in any material aspect. Any violation is subject to a civil penalty (SDCL 47-1A-129).

Dated 04/26/2016

Signature Accepted Electronically
(Signature of an Authorized Person)

TAMM MEYER
(Printed Name)

*By signing this form you agree to have both the fee and the form processed electronically. A fee of up to $40 will be assessed for returned payments.

4/26/2016 3:48:09 PM