

L13000087201

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

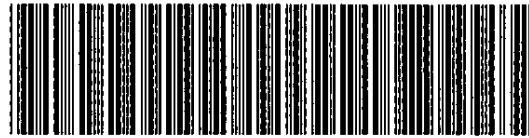
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
13 JUN 14 PM 3:08
TALLAHASSEE, FLORIDA

JUN 17 2013
D. BUTLER

(850) 245-6051.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MUNCHI'S EXPRESS LLC
Name of Limited Liability Company

FILED
13 JUN 14 PM 3:08
TALLAHASSEE, FLORIDA

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

Please return all correspondence concerning this matter to the following:

KASEY LYNCH / ADRIAN DE SANCTIS
Name of Person

MUNCHI'S EXPRESS LLC
Firm/Company

415 South Ponce De Leon Blvd
Address

ST. AUGUSTINE FL 32084
City/State and Zip Code

MUNCHI'S EXPRESS@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KASEY LYNCH at (904) 377-7751
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
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MUNCHI'S EXPRESS LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

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TALLAHASSEE, FLORIDA

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

415 South Ponce De Leon Blvd
St. Augustine, FL, 32084

Mailing Address:

415 S. Ponce De Leon Blvd
St. Augustine, FL, 32084

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.)

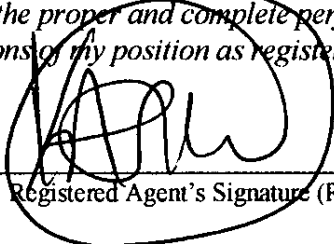
The name and the Florida street address of the registered agent are:

KASEY WYNCH
Name

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

ST. AUGUSTINE FL 32084
City, State, and 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 608, F.S.


KASEY WYNCH.
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

ADRIAN DE SANCTIS
302 LAKE DR.
ORLANDO FL. 32835

MGRM

KASEY WYNCH
10 PRAWN ST
ST. AUGUSTINE FL 32084

(Use attachment if necessary)

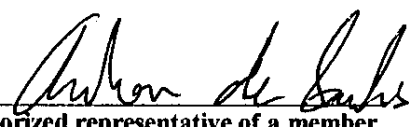
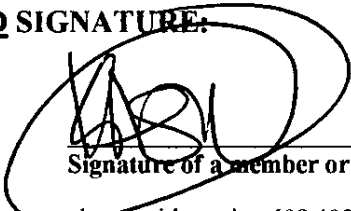
ARTICLE V: Effective date, if other than the date of filing: _____

FLORIDA
13 JUN 10 PM 3:08

(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.)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

KASEY WYNCH

Adrian de Sanctis

Typed or printed name of signer

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)