

L140 00086766

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

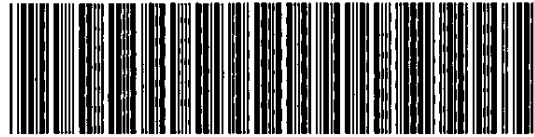
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/21/14--01016--002 **160.00

FILED
14 MAY 21 AM 9:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

May 16, 2014

Florida Department of State
Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Re: Espo's Catering LLC.
Dear Sir or Madam:

Enclosed for filing please find the original and one copy of the Articles of Incorporation for the above-referenced LLC. I am also enclosing my firm's check in the amount of \$160.00 which represents the following:

\$125.00 Filing Fee
\$30.00 Certified Copy
\$ 5.00 Certificate of status

Once the Articles have been filed, please forward a certified copy to my attention as soon as possible in the self-addressed, postage-paid envelope. Should you have any questions, please do not hesitate to call me at 813-817-7576

Sincerely,

A handwritten signature in black ink, appearing to read 'David Espinola', with a large, stylized flourish at the end.

David Espinola

Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Espo's Catering 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:

David Espinola
Name of Person

Espo's Catering LLC.
Firm/Company

2001 N. Armenia Ave.
Address

Tampa, FL 33607
City/State and Zip Code

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

For further information concerning this matter, please call:

David Espinola at (813) 817-7576
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:

Espo's Catering LLC.

(Must end with 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:

Mailing Address:

2001 N. Armenia Ave. Tampa, FL 33607

2001 N. Armenia Ave Tampa FL 33607

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:

David Espinola

Name

2001 N. Armenia Ave.

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

Tampa, FL 33607

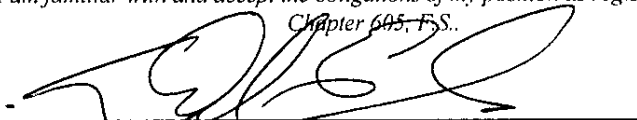
FL

City

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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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

MGR

Name and Address:

David Espinola

2001 N. Armenia Ave. Tampa, FL, 33607

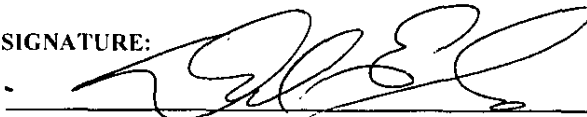
(Use attachment if necessary)

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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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

(In accordance with section 605.0203 (1) (b), 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.)

David Espinola

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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