

L230 0006 2323

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

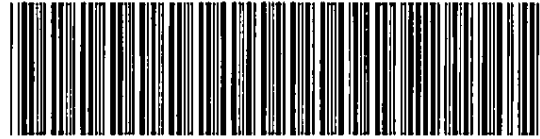
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000400655590

01/23/23--01031--007 ++125.00

2023 JAN 23 AM 11:24
ALLAH'S ST. JEFFREY

2023 JAN 23 AM 11:24

111111

D. O'KEEFE

FEB 10 2023

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: BLUE BUCKET 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:

MATTHEW CORONADO-CANTOR
Name of Person

BLUE BUCKET
Firm/Company

230 SOUTH MAYA PALM DRIVE
Address

BOCA RATON, FL 33432
City/State and Zip Code

PATRICIA.CORONADO@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PATRICIA CORONADO at (676) 295-3215
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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:

BLUE BUCKET 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:

230 SOUTH MAYA PALM DRIVE
BOCA RATON FL 33432

Mailing Address:

230 SOUTH MAYA PALM DRIVE
BOCA RATON FL 33432

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:

PATRICIA CORONADO

Name

230 SOUTH MAYA PALM DRIVE

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

BOCA RATON, FL 33432

City

State

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.

Patricia J. Coronado

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED

2023 JAN 23 AM 11:23

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

MATTHEW CORONADO - LANTOR

230 SOUTH MAYA PALM DRIVE

BOCA RATON, FL 33432

AMBR

PATRICIA CORONADO

230 SOUTH MAYA PALM DRIVE

BOCA RATON, FL 33432

AMBR

MITCH LANTOR

230 SOUTH MAYA PALM DRIVE

BOCA RATON, FL 33432

(Use attachment if necessary)

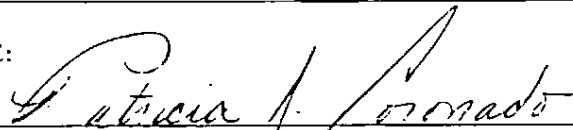
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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:



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.

PATRICIA CORONADO

Typed or printed name of signer

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

FILED
2023 JAN 23
APR 11:24
CLERK OF
DEPARTMENT OF
STATE
TALLAHASSEE, FLORIDA