

L10000071204

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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10 JUL - 6 PM 4:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL - 6 2010

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Automated Teller Services 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:

Jason Esteves
Name of Person

Automated Teller Services LLC
Firm/Company

P.O. Box 5362
Address

Winter Park, FL 32793
City/State and Zip Code

Automated Teller Services @ Gmail. com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jason Esteves at (321) 277-7595
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ JE \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 18, 2010

JASON ESTEVES
PO BOX 5362
WINTER PARK, FL 32793

SUBJECT: AUTOMATED TELLER SERVICES LLC
Ref. Number: W10000024272

We have received your document for AUTOMATED TELLER SERVICES LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan
Regulatory Specialist II

Letter Number: 810A00012596

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Automated Teller Services 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:

Automated Teller Services
2921 Lake Jean Dr
Orlando FL 32817

Mailing Address:

Automated Teller Services
2921 Lake Jean Dr
Orlando FL 32817

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:

Jason Esteves
Name
2921 Lake Jean Dr
Florida street address (P.O. Box NOT acceptable)
Orlando FL 32817
City, State, and Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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..


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

MGRM

Name and Address:

Jason Estevés

2921 Lake Jean Dr

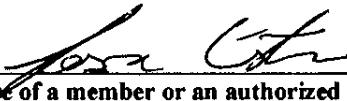
Orlando FL 32817

(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.)

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.)

Jason Estevés

Typed or printed name of signee

FILED
10 JUL -6 PM 4:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)