

L11000053456

(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:

W11000021851

Office Use Only



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04/18/11--01007--006 **160.00

FILED
11 MAY -4 PM 4:47
TALLAHASSEE, FLORIDA

D. BRUCE

MAY 05 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 19, 2011

JUSTIN GARDNER
1705 PALM COVE BLVD. #106
DELRAY BEACH, FL 33445

SUBJECT: ATM WORLDWIDE DISTRIBUTION, LLC
Ref. Number: W11000021851

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for ATM WORLDWIDE DISTRIBUTION, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 411A00009442

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ATM Worldwide Distribution, 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:

Justin Gardner

Name of Person

ATM Worldwide Distribution, LLC

Firm/Company

1705 Palm Cove Blvd. #106

Address

Delray Beach, FL 33445

City/State and Zip Code

badsign@gmail.com

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

For further information concerning this matter, please call:

Justin Gardner

Name of Person

at (561) 283-9765

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ATM Worldwide Distribution, 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:

1705 Palm Cove Blvd. #106
Delray Beach, FL 33445

Mailing Address:

1705 Palm Cove Blvd. #106
Delray Beach, FL 33445

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:

Justin Gardner

Name

1705 Palm Cove Blvd. #106

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

Delray Beach FL 33445

City, State, and Zip

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CLERK 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

Name and Address:

MGRM

Justin Gardner

1705 Palm Cove Blvd. #106

Delray Beach, FL 33445

MGRM

Henry Timmes

9549 Burlington Place

Boca Raton, FL 33434

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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(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. 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.)

Justin Gardner

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)