# L12000126988

(Danwardaria Nama)	
(Requestor's Name)	
(Address)	
(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:	
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Office Use Only



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W12-45818

J. BRYAN

OCT -4 2012

**EXAMINER** 



# FLORIDA DEPARTMENT OF STATE Division of Corporations

September 5, 2012

DIANA VAN 2543 PORTERVIEW WAY ORLANDO, FL 32812

SUBJECT: ORLANDO FOOD & LOTTO INC.

Ref. Number: W12000045818



We have received your document for ORLANDO FOOD & LOTTO INC. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have submitted the document and fees to form a Florida limited liability company; however, your name implies you wish to form a corporation. The name of a limited liability company cannot contain a corporate suffix. Corp., Corporation, Company, Co., Incorporated, and Inc. are all corporate suffixes. The name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The word "Limited" maybe abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co."

Please correct the suffix or, if you wish to form a corporation, submit Articles of Incorporation. Any fees previously submitted with your limited liability company filing will be applied to your corporate filing.

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) 245-6051.

Joey Bryan Regulatory Specialist II

Letter Number: 912A00022432

## **COVER LETTER**

TO: Registratio Division of	n Section Corporations		
SUBJECT:	ORLANDO FOO	D&LOTTO LLC.	
SUBSECT:		ed Liability Company	
The enclosed Article	s of Organization and fee(s) are	submitted for filing.	`
Please return all corr	espondence concerning this mat	ter to the following:	
Diana	a Van		
		Name of Person	1002 OCT - 3 PH 3: 31
		Firm/Company	- L
2543 p	orterview way		P
	-	Address	မှာ ယ
Orlando	FL, 32812		<b>强动</b> 一
		y/State and Zip Code	
trananhtu	uantony@gmail.com	for future annual report notification)	<del></del>
For further informati	on concerning this matter, please	-	
Diana Van		at (407 ) 617-4972	2
Na	me of Person	Area Code & Daytime Telep	hone 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 C Tallahassee, FL 32301	ircle

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	Name: he Limited Liability Comp	oany is:	
ORLAN	DO FOOD&LO	OTTO LLC.	
	(Must end with the words "Limi	ited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II The mailing a		of the principal office of the Limited Li	iability Company is:
Principal Off	ice Address:	Mailing Address:	
2543 Porterv orlando, fl 32		2543 Porterview way orlando,Fl 32812	
(The Limited Liab business entity w	lity Company cannot serve as its o th an active Florida registration.)	gistered Office, & Registered Agent's own Registered Agent. You must designate an indivorting of the registered agent are:	vidual or another
	Diana	Name	
	2543 Porter	rview way	TILE THE OCT -3 PI
	Florida s	street address (P.O. Box <u>NOT</u> acceptable)	
	Orlando	<sub>FL</sub> 32812	
		City, State, and Zip	標準。
	mpany at the place designa	and to accept service of process for the ated in this certificate, I hereby accept to capacity. I further agree to comply with plete performance of my duties, and I a	he appointment as h the provisions of all

(CONTINUED)

Page 1 of 2

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

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

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing	Member
MGRM	Diana Van 2543 Porterview way Orlando, FL 32812
<del> </del>	
	· • • • • • • • • • • • • • • • • • • •
Use attachment if nece	
LE V: Effective date, if fective date is listed, the days after the date of t	other than the date of filing: (OPTION e date must be specific and cannot be more than five business diling.)
LE V: Effective date, if rective date is listed, the days after the date of the date.	other than the date of filing: (OPTION e date must be specific and cannot be more than five business diling.)
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LE V: Effective date, if fective date is listed, the days after the date of fective date after the date of fective date.  REQUIRED SIGNAT  Signate (In accordance constitutes an I am aware that	other than the date of filing: (OPTION e date must be specific and cannot be more than five business diling.)  URE:
fective date is listed, the days after the date of factorial representations of the days after the date of factorial representations of the days after the d	other than the date of filing: (OPTION e date must be specific and cannot be more than five business diling.)  URE:  ure of a member or an authorized representative of a member.  with section 608.408(3), Florida Statutes, the execution of this document affirmation under the penalties of perjury that the facts stated herein are true. It any false information submitted in a document to the Department of State

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)