

L13000064409

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☒ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

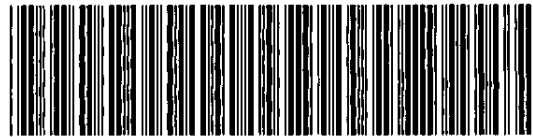
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# Advanced Incorporating Service, Inc.

1317 California Street  
P.O. Box 20396  
Tallahassee, FL 32316

Phone: 850-222-CORP  
Fax: 850-575-2724  
Email: [orders@aisincfl.com](mailto:orders@aisincfl.com)  
Website: [www.aisincfl.com](http://www.aisincfl.com)

NAME OF ENTITY <u>Florida ATM, LLC</u>	<b>FILED</b> 2013 MAY - 1 AM 10 30 SECRETARY OF STATE TALLAHASSEE, FLORIDA FOR OFFICE USE ONLY

## PICK ONE:

☐ CERTIFIED COPY ☐ PHOTOCOPY ☐ C.U.S.

## FILING:

☐ CORPORATION ☒ LLC ☐ LIMITED PARTNERSHIP ☐ GENERAL PARTNERSHIP  
☐ FICTITIOUS NAME ☐ SERVICEMARK/TRADEMARK ☐ AMENDMENT  
☐ FOREIGN QUALIFICATION ☐ JUDGMENT LIEN  
☐ OTHER \_\_\_\_\_

## RETRIEVAL:

☐ GOOD STANDING CERT/C.U.S. ☐ CERTIFIED COPY ☐ PHOTOCOPY  
Of \_\_\_\_\_

## APOSTILLE/CERTIFICATION REQUEST:

Country \_\_\_\_\_

Amount of Documents \_\_\_\_\_

DATE 5/1/13 TIME 2:00

Notes: \_\_\_\_\_  
\_\_\_\_\_

**ARTICLES OF ORGANIZATION**  
**FOR**  
**FLORIDA ATM, LLC**  
**A FLORIDA LIMITED LIABILITY COMPANY**

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**ARTICLE I - Name**

The name of the limited liability company is

**FLORIDA ATM, LLC**

**ARTICLE II - Address**

The initial mailing address and street address of the principal office of the limited liability company is 7512 DR Phillips Blvd, #50-54, Orlando FL 32819.

**ARTICLE III - Duration**

The Company shall be dissolved and its affairs wound up in accordance with the Florida Limited Liability Company Act (the "Act") and the Company's Operating Agreement on December 31, 2060 unless the term shall be extended by amendment to the Company's Operating Agreement and this Certificate, or unless the Company shall be sooner dissolved and its affairs wound up in accordance with the Act or the Company's Operating Agreement.

**ARTICLE IV - Management**

The limited liability company is to be managed by one or more managers, and the name and address of the managers who are to serve as the initial managers of the limited liability company are:

LEE CHIRA  
800 N Highland Ave.  
Suite 200  
Orlando FL 32803

MICHAEL AVERBUKH  
7512 DR Phillips Blvd  
#50-54  
Orlando, FL 32819

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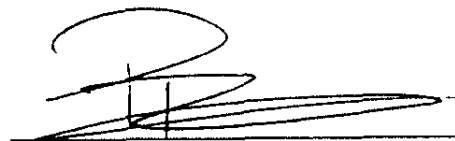
#### **ARTICLE V - Admission of Additional Members**

The admission of additional members to the limited liability company shall require the consent and shall be on such terms and conditions as are determined by a vote of not less than one hundred percent (100%) of the Percentage Interests (as defined in the regulations of the Company) of the then existing members of the limited liability company.

#### **ARTICLE VI - Members' Rights to Continue Business**

The remaining members of the limited liability company shall have the right to continue the business of the limited liability company on the death, bankruptcy or dissolution of a member or the occurrence of any other event as specified in the regulations of the limited liability company which results in the disassociation of a member from the limited liability company, upon the written consent of not less than fifty one percent (51%) of the Percentage Interests (as defined in the regulations of the Company) of such remaining members to continue the business of the limited liability company.

Executed this 1st day of May, 2013.



**PRESTON BOLT,**  
Authorized Representative

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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This document was prepared by  
and should be returned to:

Warren E. Williams, Esquire  
312 Wing Lane  
Winter Park, Florida 32789

**CERTIFICATE OF DESIGNATION  
OF  
REGISTERED AGENT/REGISTERED OFFICE  
FOR  
FLORIDA ATM, LLC  
a Florida limited liability company**

Pursuant to the provision of Section 608.415 of the Florida Statutes, the undersigned limited liability company submits the following statement in designating its registered office/registered agent in the State of Florida.

1. The name of the limited liability company is:

**FLORIDA ATM, LLC**

2. The name and address of the registered agent and office is:

Deidrea McGlown  
800 N Highland Ave  
Suite 200  
Orlando, FL 32803

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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.

  
**DEIDREA MCGLOWN**

Date: May 1, 2013