

L13000148064

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

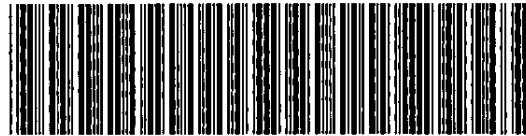
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W13-55926

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10/07/13--01041--003 **130.00

EFFECTIVE DATE 10-1-13

FILED
2013 OCT -7 PM 4:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

OCT 21 2013

EXAMINER

(850) 245-6051

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CENTRAL FLORIDA BEVERAGE DISTRIBUTORS, 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:

David L. Feters

105 N. Courtenay Pkwy., Merritt Island, FL. 32953

Name of Person

Central Florida Beverage Distributors, LLC.

Firm/Company

105 N. Courtenay Pkwy., Merritt Island, FL. 32953

Address

City/State and Zip Code

courtenay105@AOL.COM

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

For further information concerning this matter, please call:

David Feters

Name of Person

at (321) 459-2436

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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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CENTRAL FLORIDA BEVERAGE DISTRIBUTORS, 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:

105 N. Courtenay Pkwy.
Merritt Island, FL. 32953

Mailing Address:

105 N. Courtenay Pkwy.
Merritt Island, FL. 32953

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:

David L. Fetters

Name

105 N Courtenay Pkwy., Merritt Island, FL. 32953

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

FL

City, State, and Zip

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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:

MGR

David L. Feters

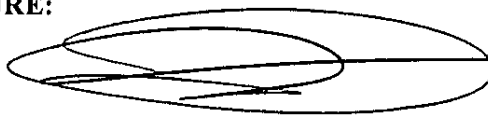
105 N. Courtenay Pkwy.

Merritt Island, FL. 32953

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 10-01-2013. (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.)

DAVID L. FETERS

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)

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2013 OCT -7 PM 4:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 8, 2013

DAVID L. FETTERS
105 N. COURTENAY PKWY.
MERRITT ISLAND, FL 32953

SUBJECT: CENTRAL FLORIDA BEVERAGE DISTRIBUTORS, LLC
Ref. Number: W13000055956

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

We have received your document for CENTRAL FLORIDA BEVERAGE DISTRIBUTORS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Florida Statutes requires that you file Articles of Organization, Operating Agreements are not filed with the Florida Department of State.,

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.

Barbara Bostick
Regulatory Specialist II

Letter Number: 213A00023623