

L15000058854

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

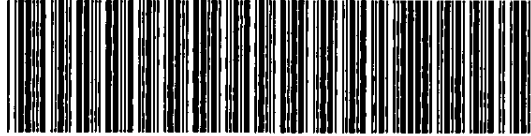
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/04/15--01029--014 **130.00

FILED
2015 APR -2 AM 11:21
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

N. Culligan MAR 20 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Your Variety Vending, 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:

Deryck N. Alexander
Name of Person

Your Variety Vending, LLC
Firm/Company

P.O. Box 246533
Address

Pembroke Pines, Florida 33024-0125
City/State and Zip Code

dna126@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Deryck Alexander at (954) 348-0136
Name of Person 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 20, 2015

DERYCK N ALEXANDER
PO BOX 246533
PEMBROKE PINES, FL 33024-0125

SUBJECT: YOUR VARIETY VENDING, LLC
Ref. Number: W15000019756

15 APR -2 11:10:00
RECEIVED
INFORMATION SERVICES

We have received your document for YOUR VARIETY VENDING, LLC and your check(s) totaling \$130.00. However, the document has not been filed and is being retained in this office for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

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.

Neysa Culligan
Regulatory Specialist II

Letter Number: 315A00005633

March 27, 2015

Florida Department of State
Division of Corporations
Attention Neysa Culligan

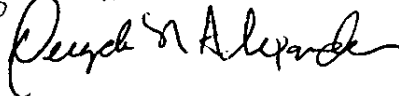
Subject: Your Variety Vending, LLC
Ref Number: W15000019756

This letter is to inform you that I, Deryck N. Alexander, president of the former business name "Your Variety Vending Inc", that was recently dissolved have no intentions of revoking the dissolution, therefore releasing the name for use to another entity.

Please move forward with activating the business name under Your Variety Vending, LLC.

If you have any further questions, you may contact me at (954) 348-0136.

Sincerely,



Deryck N. Alexander,
Your Variety Vending, LLC



CONSTANCE STANLEY
MY COMMISSION # FF 148808
EXPIRES: August 11, 2018
Bonded Thru Budget Notary Services

FILED

2015 APR -2 AM 11:21

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

Your Variety Vending, 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:

6601 S.W. 12th street
Pembroke Pines, Florida
33023

Mailing Address:

P.O. Box 246533
Pembroke Pines, FL
33024-0125

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:

Deryck N. Alexander
Name

6601 S.W. 12th street

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

Pembroke Pines FL 33023
City Zip

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 605, F.S.

x Deryck N. Alexander
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

"MGR"

Name and Address:

Deryck N. Alexander
6601 S.W. 12th Street
Pembroke Pines, Florida 33023

FILED
2015 APR -2 AM 11:21
CLERK OF COURT
STATE OF FLORIDA

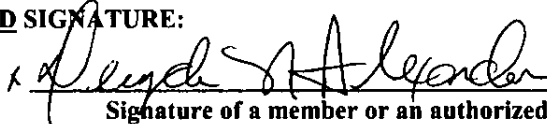
(Use attachment if necessary)

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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

Deryck N. Alexander

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)