

L15000172863

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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10/05/15--01041--030 \*\*130.00

EFFECTIVE DATE

10-2-15

FILED  
15 OCT -5 11:25:52  
SHERIFF'S OFFICE  
TALLAHASSEE, FLORIDA

OCT 12 2015

S. GILBERT

OCT 12 2015

S. GILBERT

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Food Truck Finder USA, 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:

Shane Campbell

Name of Person

Firm/Company

17 Arbor Club Dr #210

Address

Ponte Vedra Beach, FL 32082

City/State and Zip Code

foodtruckfinderusa@gmail.com

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

For further information concerning this matter, please call:

Shane Campbell

772

233-1609

at ( )

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**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

EFFECTIVE DATE

10-2-15

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Food Truck Finder USA, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

FILED  
15 OCT -5 2:53  
JACKSONVILLE, FLORIDA

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

17 Arbor Club Dr. #210  
Ponte Vedra Beach, FL 32082

Mailing Address:

1415 1st Street north  
# 1203  
Jacksonville Beach, FL 32250

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:

Shane Campbell

Name

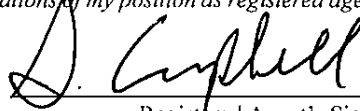
17 Arbor Club Dr. #210

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

Ponte Vedra Beach FL 32082

City State 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.*



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:**

Shane Campbell

17 Arbor Club Dr #210

Ponte Vedra Beach, FL 32082

MGR

Anthony Weisman

74 West 14th st

Atlantic Beach, FL 32233

MGR

Ashleigh Sleiman

1415 1st North #1203

Jacksonville Beach, FL 32250

(Use attachment if necessary)

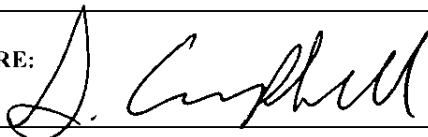
**ARTICLE V:** Effective date, if other than the date of filing: 10/2/15. (OPTIONAL)

(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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Shane Campbell

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)**