

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

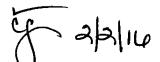
Leas-



200278883852

11/08/15--01016--013 **130.00





COVER LETTER

17

TO: Registration Section Division of Corporations
SUBJECT: LYFE'S EXPLESS, 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:
DANIEL BASTARDO Name of Person
Firm/Company
910 CHARD PANKWAY 314 Address
Daven port, FL 33897 City/State and Zip Code danbast @ yahoo · com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Daniel Bastarda 347 306 5435 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$125.00 Filing Fee \$ Certificate of Status \$155.00 Filing Fee \$ Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 19, 2015

DANIEL BASTARDO 910 CHARO PARKWAY 314 DAVENPORT, FL 33897

SUBJECT: LUKE'S EXPRESS, LLC

Ref. Number: W15000076042

We have received your document for LUKE'S EXPRESS, 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):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of 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) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 615A00024491=

FILED

EFFECTIVE DATE 02/01/10

FILED

16 JAN 19 PM 3-21

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

- LUKE'S E	XXIVE >>, UU COMPRETION OF
(Must end with the words "Limited Liabili	ity 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:	Mailing Address:
910 CHAND PKWAM 314 Daven port, FU 33897	210 CHAND PLWAY 314 Dave uport, FL 3/389:
ARTICLE III - Registered Agent, Registered Office, & Registered Liability Company cannot serve as its own Register another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent a	Bastardo
Plorida street address (P.O.	Box NOT acceptable)
Davenport	FL 33897-
laving been named as registered agent and to accept service of pr lace designated in this certificate, I hereby accept the appointmen orther agree to comply with the provisions of all statutes relating t m familiar with and accept the obligations of my position as regis	nt as registered agent and agree to act in this capacity. It to the proper and complete performance of my duties, and I
(CON	TINUED)

Page 1 of 2

The name and address of each person author	rized to manage and control the Limited Liability Company:
Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	Daniel BOSTANDO
	910 CHARO PROKWAY 314
	Davenport, FL 331897
	,
	4.19.10.4
the date inserted in this block does not meet	the applicable statutory filing requirements, this date will not be
the date inserted in this block does not meet ment's effective date on the Department of S	the applicable statutory filing requirements, this date will not late's records.
the date inserted in this block does not meet ment's effective date on the Department of S	the applicable statutory filing requirements, this date will not late's records.
the date inserted in this block does not meet ment's effective date on the Department of S	the applicable statutory filing requirements, this date will not late's records.
the date inserted in this block does not meet ment's effective date on the Department of S	the applicable statutory filing requirements, this date will not leate's records.
the date inserted in this block does not meet ment's effective date on the Department of S E VI: Other provisions, if any. REQUIRED SIGNATURE:	tate's records.
the date inserted in this block does not meet ment's effective date on the Department of S E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member This document is executed in this block does not meet the service of the servic	er or an authorized representative of a member. n accordance with section 605.0203 (1) (b), Florida Statutes.
REOUIRED SIGNATURE: Signature of a member This document is executed if a maware that any false info	er or an authorized representative of a member. n accordance with section 605.0203 (1) (b), Florida Statutes. commation submitted in a document to the Department of State
The date inserted in this block does not meet ment's effective date on the Department of S E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member This document is executed if am aware that any false info	er or an authorized representative of a member. n accordance with section 605.0203 (1) (b), Florida Statutes.
The date inserted in this block does not meet ment's effective date on the Department of S. E. VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a member This document is executed if a maware that any false infoconstitutes a third degree felo.	er or an authorized representative of a member. n accordance with section 605.0203 (1) (b), Florida Statutes. tormation submitted in a document to the Department of State ony as provided for in s.817.155, F.S.
the date inserted in this block does not meet ment's effective date on the Department of S E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a member This document is executed if am aware that any false infoconstitutes a third degree felo.	er or an authorized representative of a member. n accordance with section 605.0203 (1) (b), Florida Statutes. commation submitted in a document to the Department of State
the date inserted in this block does not meet ment's effective date on the Department of S E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a member This document is executed if am award that any false infoconstitutes a third degree felo.	er or an authorized representative of a member. n accordance with section 605.0203 (1) (b), Florida Statutes. tormation submitted in a document to the Department of State ony as provided for in s.817.155, F.S.
The date inserted in this block does not meet ment's effective date on the Department of SE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a member This document is executed if a maware that any false infectionstitutes a third degree felow. The state of the s	er or an authorized representative of a member. n accordance with section 605.0203 (1) (b), Florida Statutes. formation submitted in a document to the Department of State ony as provided for in s.817.155, F.S. Page 10 10 10 10 10 10 10 10 10 10 10 10 10
Signature of a member of secure of a many secure of a member of secure of organics of organics of organic	er or an authorized representative of a member. n accordance with section 605.0203 (1) (b), Florida Statutes. ormation submitted in a document to the Department of State ony as provided for in s.817.155, F.S. Page or printed name of signee Filing Fees:
The date inserted in this block does not meet ment's effective date on the Department of S. E. VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a member This document is executed if a maware that any false inforcement is executed if a maware that any false inforcement is executed if a maware that any false inforcement is executed if a maware that any false inforcement is executed if a maware that any false inforcement is executed if a maware that any false inforcement is executed in the information of the information is executed in the information in the information is executed in the information in the information in the information in the information is executed in the information in the i	er or an authorized representative of a member. n accordance with section 605.0203 (1) (b), Florida Statutes. ormation submitted in a document to the Department of State ony as provided for in s.817.155, F.S. Page or printed name of signee Filing Fees:
Signature of a member of secured in this block does not meet ment's effective date on the Department of Set VI: Other provisions, if any. Signature of a member of a member of secured in the secured in	er or an authorized representative of a member. n accordance with section 605.0203 (1) (b), Florida Statutes. ormation submitted in a document to the Department of State ony as provided for in s.817.155, F.S. Page 4 A A A A A A A A A A A A A A A A A A

Page 2 of 2