

L11000153999

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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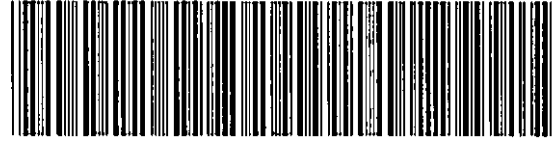
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE FLORIDA

2/18/17

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Kissimmee Kitchen Share 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:

Elvin Infante

Name of Person

Kissimmee Kitchen Share

Firm/Company

1417 Smith St

Address

Kissimmee FL 34744

City/State and Zip Code

KissimmeeKitchen@gmail.com

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

For further information concerning this matter, please call.

Elvin Infante

at

407

398-5245

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

Release of business name
07/10/17

I Joshua Weinberg have no interested or intentions to be active with
KISSIMMEE KITCHEN SHARE. I Joshua Weinberg sold KISSIMMEE
KITCHEN SHARE as well with the name to Elvin Infante and Kelby
Deoleo.

Email: Klssimmeekitchen@gmail.com
Contact: Elvin infante (407)398-5245
Kelby Deoleo (407)556-4769

Wamberg, Joshua Weinberg
407-556-5421
Elvin Infante

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Kissimmee Kitchen share LLC.

(Must contain the words "Limited Liability Company," "LLC," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

1417 Smith St
Kissimmee FL 34744

Mailing Address:

1417 Smith St
Kissimmee FL
34744

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:

Elvin Infante
Name

1417 Smith St

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

Kissimmee FL 34744

City

State

Zip

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SECRET
FAC. MARSSE 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 605, F.S..

Elvin Infante

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

Name and Address:

MGR
MGR

Kelby Deoleo
3207 Saint Augustine Ct
Kissimmee FL 34746
Elvin Infante
4900 Rio Grande AV
Orlando FL 32819

(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.)

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

Kelby Deoleo and I
Elvin Infante are 50/50 partners to
Kissimmee Kitchen Share LLC

REQUIRED SIGNATURE:

Elvin Infante

Signature of a member or an authorized representative of a member

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

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.

Elvin Infante

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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STATE OF FLORIDA
TALLAHASSEE