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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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SECHETANTOFSTATE

3.57 B 9.58 Bill

## COVER LETTER

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TO: New Filing Section Division of Corporations
SUBJECT: AMAZING Delivery 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:
Trc Von Gross Name of Person
Firm/Company
1040/ Post Afric Blud Wit 62125/ Orlando, Fl 32862 Address
City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  F-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tre Von Gross at 202, 239-7776  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\text{S130.00 Filing Fee & Certificate of Status}\$\text{Certified Copy (additional copy is enclosed)}\$\$\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}\$\$
Mailing Address New Filing Section Division of Corporations  Street Address New Filing Section Division of Corporations

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")
(Must contain 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: Mailing Address:
9072 Powden Rd P. D. Box 621251 #202 Orlando, FL 32862
Orlando ; FL 32027
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:
Naomi Chani
907) Daid 01 #202
9072 Dowden Rd 2000
Florida street address (P.O. Box NOT acceptable)
Orlando FL 32827
City State Zip
laving been named as registered agent and to accept service of process for the above stated limited liability company at the lace designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I wither agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and implies 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)

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.	<u>Title:</u>	Name and Address:	
Use attachment if necessary)  E.V: Effective date, if other than the date of filing:  OI/QO/QOIS  (OPTIONAL)  ctive date is listed, the date must be specific and cannot be more than five business days prior to or 9 filling.)  the date inserted in this block does not meet the applicable statutory tilling requirements, this date will not lent's effective date on the Department of State's records.  E.VI: Other provisions, if any.  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.			
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Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

ARTICLE IV-

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)