

L18000188587

(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:

W18-67244
W18-71407

Office Use Only



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18 AUG -6 AM 11:53
2018 AUG 07 11:53

T COLLINS

AUG 07 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 24, 2018

JOSEPH M. FAIOLA
PO BOX 100802
PALM BAY, FL 32910 US

SUBJECT: ATM EXPRESS SERVICE LLC
Ref. Number: W18000067244

We have received your document for ATM EXPRESS SERVICE LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The principal address must be a physical street address. PO box is not acceptable. Please correct and resubmit.

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) 245-6052.

Taylor B Collins
Regulatory Specialist II

Letter Number: 218A00015177

2018 AUG -6 PM 2:48
COMMERCIAL
CORPORATION SERVICES

FILED
18 AUG -6 AM 11:59
TALLAHASSEE, FLORIDA

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: ATM Express Service 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:

Joseph M. Faiola
Name of Person

Firm/Company

P.O. Box 100802
Address

Palm Bay, Florida 32910
City/State and Zip Code

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

For further information concerning this matter, please call:

Joseph M. Faiola at (321) 266-4993
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

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18 AUG - 6 AM 11:59
TALLAHASSEE, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ATM Express Service 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:

Joseph M. Faiola
520 Sterling St. NE
Palm Bay, FL 32907

Mailing Address:

Joseph M. Faiola
P.O. Box 100802
Palm Bay, FL 32910

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:

Patricia A. Faiola
Name
520 Sterling St. NE
Florida street address (P.O. Box ~~NOT~~ acceptable)
Palm Bay, FL 32907
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..

Patricia J. Jaikey
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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2018
COMMERCIAL
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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Ambr/mgr

Name and Address:

Joseph M. Faiola
P.O. Box 100802
Palm Bay, FL 32910

(Use attachment if necessary)

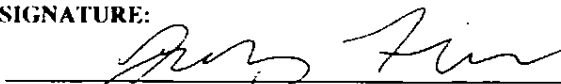
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

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.

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.

Joseph M. Faiola

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)

FILED
18 AUG -6 AM 11:53
CLERK OF THE COURT
P.O. BOX 100802
PALM BAY, FL 32910