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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
		

Office Use Only



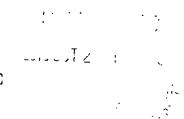
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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 8, 2018

DAVID QUEISSER PO BOX 1482 SANIBEL, FL 33957

SUBJECT: SANIBEL DELIVERY LLC

Ref. Number: W18000088875

We have received your document for SANIBEL DELIVERY LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the principal office address to be a street address.

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.

Letter Number: 218A00020874

Keyna E Page Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Sanibe Delivery LLC Name of United Liability Company
Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
David Queisser
Name of Person
David Queisser Name of Person Sanibel Delivery Firm/Company
Firm/Company
P.O. Box 1482
Address
Sanibel FL 33957
Sanibel FL 33957 City/State and Zip Code David & Sanibe / Selivery Com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
David Queisser at (317) 509-9654 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S125.00 Filing Fee S130.00 Filing Fee SCertificate of Status S155.00 Filing Fee SCERTIFICATE OF Status Stat
Mailing Addrage Street Addrage

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 Taliahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

Sanibel Delivery L. L.C.
(Must contain the words "Limited Limbility 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:
CIAMACO DE PORTOS DO MASON	P.O. Box 1482
Sanbol FL 33957	Sonibel FL 33957
	

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:

David Queisser

Name

1377 Jamaica Dr.

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

Senibel Fl. 33957

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..

istered Agent's Signature (REQUIRED)

(CONTINUED)

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<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	$\mathcal{I} \wedge (\mathcal{O})$
Manager	David Queisser
O	1377 Jamaica DR Senino FL 33957
	- OHVINE PZ 33/3 7
472	
(Use attachment if necessary) CLEV: Effective date if other than the date	of filing: \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
CLEV: Effective date, if other than the date effective date is listed, the date must be spute of filing.) If the date inserted in this block does not in	ecific and cannot be more than five business days prior to or 90 days a
CLE V: Effective date, if other than the date effective date is listed, the date must be specified of filing.) If the date inserted in this block does not in bounders's effective date on the Department of	ecific and cannot be more than five business days prior to or 90 days a
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CLE V: Effective date, if other than the date effective date is listed, the date must be spet to of filing.) If the date inserted in this block does not in comment's effective date on the Department of CLE VI: Other provisions, if any.	ecific and cannot be more than five business days prior to or 90 days a
CLE V: Effective date, if other than the date effective date is listed, the date must be specified of filing.) If the date inserted in this block does not in becument's effective date on the Department of CLE VI: Other provisions, if any. REOURED SIGNATURE: Signature of a menuicular and false and any false.	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State
CLE V: Effective date, if other than the date effective date is listed, the date must be spot to of filing.) If the date inserted in this block does not in becument's effective date on the Department of CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a men This document is execute I am aware that any false constitutes a third degree	mber or an authorized representative of a member.

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)