

L19000105472

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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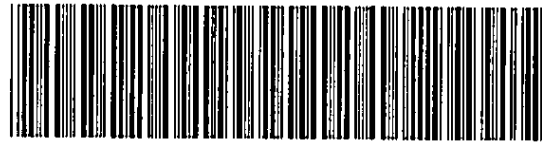
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF COURT
TALLAHASSEE, FLORIDA

N CULLIGAN

APR 25 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 22, 2019

CLAUDIA A. ECHEVARRIA
ONE STOP MULTISERVICE OFFICE LLC
1237 HOMESTEAD ROAD N.
LEHIGH ACRES, FL 33936

SUBJECT: EAB E&T, LLC
Ref. Number: W19000036046

We have received your document for EAB E&T, 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):

A Florida Limited Liability Company must be filed pursuant to Chapter 605 Florida Statutes. I am enclosing a form for your convenience.

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.

Neysa Culligan
Regulatory Specialist II

Letter Number: 919A00007183

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: EAB E&T, 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:

CLAUDIA A. ECHEVARRIA

Name of Person

ONE STOP MUTISERVICE OFFICE, LLC

Firm/Company

1237 HOMESTEAD ROAD N.

Address

LEHIGH ACRES, FLORIDA 33936

City/State and Zip Code

1237@ONESTOPPACKINGSHIP.COM

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

For further information concerning this matter, please call:

Eddie 941 357-7802
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



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EAB E&T, 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:

1237 HOMESTEAD ROAD N.
LEHIGH ACRES, FLORIDA 33936

Mailing Address:

1237 HOMESTEAD ROAD N.
LEHIGH ACRES, FLORIDA 33936

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:

CLAUDIA A. ECHEVARRIA

Name

1237 HOMESTEAD ROAD N.

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

<u>LEHIGH ACRES</u>	<u>FLORIDA</u>	<u>33936</u>
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..

Chechvarria
Registered Agent's Signature (REQUIRED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

EDDIE BANKS
1237 HOMESTEAD ROAD N.
LEHIGH ACRES, FLORIDA 33936

AMBR

SHUNDRANE PRICHETT
1237 HOMESTEAD ROAD N.
LEHIGH ACRES, FLORIDA 33936

AMBR

ZION BANKS
1237 HOMESTEAD ROAD N.
LEHIGH ACRES, FLORIDA 33936



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ARTICLE V: Effective date, if other than the date of filing: April 10, 2019. (OPTIONAL)

ARTICLE VI: Other provisions.

a. To engage in commerce pursuant to the unchanging principles of Commercial Law and ANY LAWFUL BUSINESS ACTIVITY. This limited liability corporation is formed to enforce private administrative non-judicial commercial contracts and agreements and those appearing public record. This corporation formed pursuant to the common law as preserved by Florida Title §2.01. This corporation incorporates law promulgated by 28 USC §§1739, 1733 the following by reference as set full herein but not limited to public records: Florida State (Lee County): 2018000183913; 2018000069026; 2017000225872; 2017000230079; 2018000109451; 2017000112532; 201700018693; 2017000018692; 2018000052242; 2017000240860; 2017000231243; 2017000107944; 2018000147358; 2017000238901; 2018000082738; 2017000053974; 2018000058459 (Broward County): 110651873; 110352040; 110253253; 110557687; 110352040; 110288627; 110747764; 110501081. Private Process No. 01-240119; J17000201451.

b. This corporation prescribes the following Florida State statutes as codify: §92.05; §92.31; §92.32; §92.50; §92.51; §92.60; §92.18; §92.251; Title 1 Ch. 2 §2.01; Title 28 USC §1739; Title 28 USC §1733; Florida Court Rule 2.420; 18CT503397. Constitution of the State of Florida Article I Section 4. 10; Article III Section 11.

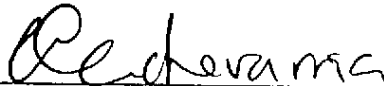
c. This corporation may be funded by universal source Phil. 4:19; transfer notice Cord of Attachment #2018000062910. All instrument bearing the signature and the (3) original seal(s) of the Director shall authorized immediately value as assigned, for currency and circulation; and secure that instrument for monetization, payment, settlement or brokered.

Bills of Credit #2018000082738 – Authorized Acknowledgment Stamp.

Security's #2017000053974 – Authorized base form.

Notice: This form is conditionally accepted Instrument No. 04181900-4. This form is not the original articles of organization transmitted for EAB E&T, LLC which was rejected by a legal opinion not asked for nor consented to. Doc No.W19000036046.

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.

CLAUDIA A. ECHEVARRIA

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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