Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000228318 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Pax Number : (850)617-6381

Prom:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011

Phone : (844)386-0178

Fax Number : (214)317-4754

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_

9

 $\overline{\omega}$ 

## FLORIDA LIMITED LIABILITY CO.

## Choice Delivery LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu

Help

N CULLIGAN

To: 18506176381 From: 12143052508 Date: 07/30/19 Time: 3:06 PM Page: 02/03 (((H190002283183)))

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is: Choice Delivery 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: 6365 Collins Avc. #3502 6365 Collins Ave, #3502 Miami Beach, FL 33141 Miami Beach, FL 33141 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:

Dwayne Cochran

 Name

 6365 Collins Ave. #3502

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

 Miami
 FL
 33141

 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

To: 18506176381 From: 12143052508 Date: 07/30/19 Time: 3:06 PM Page: 03/03 (((H190002283183)))

# A & #T5 D II 4		Name and Address:	
	uthorized Member	·	
"MGR" = Ma AMBR		Dwayne Cochran	
AMBK	<del></del>	6365 Collins Ave, #3502	
		Miami Beach, FL 33141	
		· · · · · · · · · · · · · · · · · · ·	
	ent if necessary)		
CLE V: Effective factive date is te of filing.)  If the date inser	e date, if other than the date of listed, the date must be spec- ted in this block does not me	filing: (OPTIONAL)  Ific and cannot be more than five business days prior to or 90 days  et the applicable statutory filing requirements, this date will not be l	
CLE V: Effective date is te of filling.)  If the date insercument's effection	e date, if other than the date of listed, the date must be speci	ific and cannot be more than five business days prior to or 90 days et the applicable statutory filing requirements, this date will not be l	
CLE V: Effective date is te of filling.)  If the date inser-cument's effecti	e date, if other than the date of listed, the date must be spec- ted in this block does not me we date on the Department of	ific and cannot be more than five business days prior to or 90 days et the applicable statutory filing requirements, this date will not be l	
CLE V: Effective date is te of filling.) If the date insercument's effecti	e date, if other than the date of listed, the date must be specited in this block does not me ve date on the Department of rovisions, if any.	ific and cannot be more than five business days prior to or 90 days et the applicable statutory filing requirements, this date will not be l	
CLE V: Effective date is te of filling.) If the date insercument's effecti	e date, if other than the date of listed, the date must be specited in this block does not me ve date on the Department of rovisions, if any.  SIGNATURE:	et the applicable statutory filing requirements, this date will not be leading to seconds.	
CLE V: Effective date is te of filling.) If the date insercument's effecti	e date, if other than the date of listed, the date must be specited in this block does not me ve date on the Department of rovisions, if any.  SIGNATURE:	et the applicable statutory filing requirements, this date will not be l'State's records.	
CLE V: Effective date is te of filling.)  If the date inser-cument's effective CLE VI: Other p	e date, if other than the date of listed, the date must be specited in this block does not me ve date on the Department of rovisions, if any.  SIGNATURE:  Signature of a mem	et the applicable statutory filing requirements, this date will not be l'State's records.	
CLE V: Effective date is te of filling.) If the date insercument's effecti	e date, if other than the date of listed, the date must be speciated in this block does not me we date on the Department of rovisions, if any.  SIGNATURE:  Signature of a mem This document is executed.	et the applicable statutory filing requirements, this date will not be l'State's records.	liste
CLE V: Effective date is te of filling.)  If the date inser-cument's effective CLE VI: Other p	e date, if other than the date of listed, the date must be specified in this block does not me we date on the Department of rovisions, if any.  SIGNATURE:  Signature of a mem This document is executed I am aware that any false in	et the applicable statutory filing requirements, this date will not be l'State's records.	liste

S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)