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.

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : ALEXANDER ALMONTE, ESQ/I INCORPORATE LTD.

Account Number : I20070000019 Phone : (518)689-1212

Fax Number : (518)432-0742

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

Email	Address:	

## FLORIDA LIMITED LIABILITY CO. ALT DELI OF COCOA LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
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original	file	date	10/29	119
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November 5, 2019

FLORIDA DEPARTMENT OF STATE

Division of Corporations

ALEXANDER ALMONTE, ESQ

SUBJECT: ALT DELI OF COCOA LLC

REF: W19000097353

9 Pages including cover! This is now the 5th Request!

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The complete document was not received. Please refax the complete document, including the electronic filing cover sheet.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

If you have any further questions concerning your document, please call (850) 245-6052.

Tyrone Scott Regulatory Specialist II New Filings Section FAX Aud. #: H19000319583 Letter Number: 919A00022769

mank you!

P.O BOX 6327 - Tallahassee, Florida 32314

Prease Process

# **Articles of Organization**

for

# Florida Limited Liability Company

#### ARTICLE I NAME

The name of the Limited Liability Company is:

### ALT DELI OF COCOA LLC

#### ARTICLE II PRINCIPAL OFFICE

The mailing address and street address of the principal office is:

1070 Clearlake Road, Cocoa, FL 32922

## ARTICLE III REGISTERED AGENT. REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the registered agent are:

### Joe Lin 1070 Clearlake Road, Cocoa, FL 32922

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..

<u>s/loe Lin</u> Joe Lin Registered Agent

## ARTICLE IV AUTHORIZED REPRESENTATIVE / MANAGER

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

Joe Lin, Authorized Representative 1070 Clearlake Road, Cocoa, FL 32922

#### October 29, 2019

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>s/ Joe Lin</u> Joe Lin Authorized Representative

2019 OCT 29 AM 10: 40
SECRETARY OF STATE
TALL AHVISSEE, FL