

12000214419
Florida Department of State
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.

((H20000229996 3)))



H200002299963ABC8

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
Fax Number : (850)617-6381

From:
Account Name : EXPERTAX
Account Number : 120200000010
Phone : (407)777-7470
Fax Number : (321)206-9743

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.

DELIGHT CUISINE LLC

| | |
|-----------------------|----------|
| Certificate of Status | 1 |
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$130.00 |

RECEIVED
2020 JUL 27 PM 12:07
DIVISION OF CORPORATIONS
COMMERCIAL
SERVICES

FILED

2020 JUN 27 AM 11:38
STATE
TALLAHASSEE, FLORIDA



July 21, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

EXPERTAX

SUBJECT: LEOCHONG LLC

2020 JUN 27 AM 11:38
CLERK OF COURT
TALLAHASSEE, FLORIDA

FILED

refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "limited liability company," the abbreviation "LLC," or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

Please return your document, along with a copy of this letter, within 60 days of this filing, or your document will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 488-8888.

Neysa Culligan

FAX Aud. #: H20000229996

H200002299963

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: DELIGHT CUISINE 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:

LEONARDO CHONG

Name of Person

Firm/Company

626 ELLA MAE DR

Address

DAVENPORT, FL 33897

City/State and Zip Code

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

For further information concerning this matter, please call:

LEONARDO CHONG

786

6237098

at ()

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2020 JUN 27 AM 11:38

FILED

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

H200002259963

H200002299963

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DELIGHT CUISINE 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:

626 ELLA MAE DR
DAVENPORT, FL 33897

626 ELLA MAE DR
DAVENPORT, FL 33897

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:

LEONARDO CHONG

Name

626 ELLA MAE DR

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

| | | |
|------------------|----------------|--------------|
| <u>DAVENPORT</u> | <u>FLORIDA</u> | <u>33897</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.

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
2020 JUN 27 AM 11:38
TALLAHASSEE, FLORIDA

H200002299963

H200002299963

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:

LEONARDO CHONG
626 ELLA MAE DR
DAVENPORT, FL 33897

(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.

LEONARDO CHONG

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)

DEPT OF STATE
TALLAHASSEE, FLORIDA

2020 JUN 27 AM 11:38

FILED

H200002299963