

L20000214635

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

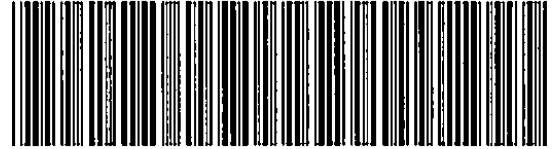
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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07/08/20--01005--025 \*\*1

20 JUL 1 2020  
FALLS CHURCH, VA

Derrick Thompson

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: ATM 4 Cheap 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:

Alexis Bello  
Name of Person

ATM 4 Cheap LLC  
Firm/Company

1317 Edgewater Dr. #2001  
Address

Orlando, FL 32804  
City/State and Zip Code

ATM4cheap@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alexis Bello at ( 347 ) 355-6250  
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

United States Postal Service®  
Application for Delivery of Mail Through Agent  
See Privacy Act Statement on Reverse

Date 06/25/2020

In consideration of delivery of my or our (firm) mail to the agent named below, the addressee and agent agree: (1) the addressee or agent must not file a change of address order with the Postal Service™ upon termination of the agency relationship; (2) the transfer of mail to another address is the responsibility of the addressee and the agent; (3) all mail delivered to the agency under this authorization must be prepaid with new postage when redeposited in the mails; (4) upon request the agent must provide to the Postal Service all addresses to which the agency transfers mail; and (5) when any information required on this form changes or becomes obsolete, the addressee(s) must file a revised application with the Commercial Mail Receiving Agency (CMRA).

NOTE: The applicant must execute this form in duplicate in the presence of the agent, his or her authorized employee, or a notary public. The agent provides the original completed signed PS Form 1583 to the Postal Service and retains a duplicate completed signed copy of the CMRA business location. The CMRA copy of PS Form PS 1583 must at all times be available for examination by the postmaster (designee) and the Postal Inspection Service. The addressee and the agent agree to comply with all applicable Postal Service rules and regulations relative to delivery of mail through an agent. Failure to comply will subject the agency to withholding of mail from delivery if corrective action is taken.

This application may be subject to verification procedures by the Postal Service to confirm that the applicant resides or conducts business at the home or business address listed in boxes 7 or 10, and that the identification listed in box 8 is valid.

2 Name in Which Applicant's Mail Will Be Received for Delivery to Agent:  
(Complete a separate PS Form 1583 for EACH applicant. Spouses may complete and sign one PS Form 1583. Two items of valid identification apply to each spouse. Include dissimilar information for either spouse in appropriate box.)  
ATM 4 CHEAP LLC

3a Address to be Used for Delivery (Include PMB or # sign)  
1317 Edgewater Dr  
SUITE 2301  
3b City Orlando 3c State FL 3c ZIP + 4 32804

4 Applicant authorizes delivery to and in care of:  
a Name PhysicalAddress.com  
b Address (No. street, apt./ste./no.) 1317 Edgewater Dr  
c City Orlando d State FL e ZIP + 4 32804

5 This authorization is extended to include restricted delivery mail for undersigned(s)

6 Name of Applicant Alexis bello

7a Applicant Home Address (No. street, apt./ste./no.) 11629 Deerpath Way  
7b City Orlando 7c State FL 7d ZIP + 4 32832

8 Two types of identification are required. One must contain a photograph of the addressee(s). Social Security cards, credit cards, and birth certificates are unacceptable as identification. The agent must write in identifying information. Subject to verification.

7e Applicant Telephone Number (Include area code) 3473536250

a Certificate of Naturalization  
b Drivers License

9 Name of Firm or Corporation ATM 4 CHEAP LLC

Acceptable identification includes: valid driver's license or state non-driver's identification card; armed forces government, university, or recognized corporate identification card; passport; alien registration card or certificate of naturalization; current lease, mortgage or Deed of Trust; voter or vehicle registration card; or a name or vehicle insurance policy. A photocopy of your identification may be retained by agent for verification.

10a Business Address (No. street, apt./ste./no.)  
10b City  
10c State 10d ZIP + 4

10e Business Telephone Number (Include area code)

11 Type of Business

12 If applicant is a firm, name each member whose mail is to be delivered. (All names listed must have verifiable identification. A guardian must list the names of minors receiving mail at their delivery address.)

13 If a CORPORATION Give Names and Addresses of Its Officers  
Maria Ramirez

14 If business name (corporation or trade name) has been registered, give name of county and state and date of registration

Warning: The furnishing of false or misleading information on this form or omission of material information may result in criminal sanctions (including fine and/or imprisonment) and/or civil sanctions (including multiple damages and civil penalties)

15 Signature of Agent/Notary Public

16 Signature of Applicant (If firm or corporation, application must be signed by officer. Show title.)  
Alexis Bello

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ATM 4 cheap 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:

1317 EDGEWATER DR,  
SUITE 2001, ORLANDO FL, 32804

1317 EDGEWATER DR,  
SUITE 2001, ORLANDO FL, 32804

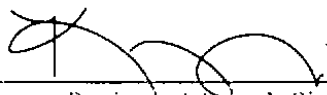
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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:

Kelly Miller  
Name  
1317 Edgewater Dr  
Florida street address (P.O. Box **NOT** acceptable)  
Orlando FL 32804  
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)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

AMBR

\_\_\_\_\_

\_\_\_\_\_

**Name and Address:**

Alexis Bello  
11629 Deery Path way  
Orlando, FL, 32832

maria Ramirez  
5927 Lake Pointe Village Circle  
APT 805, Orlando FL, 32822

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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 the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**

Alexis Bello

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.

Alexis Bello  
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)