

L21000452432

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

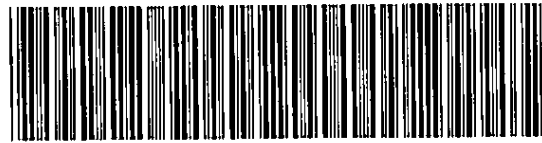
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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OCT 1 2021

W21-119888



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 1, 2021

LAVEL L. HALLUMS
D&L VENDING AND DISTRIBUTION SERVICES
P.O. BOX 560241
MONTVERDE, FL 34756

SUBJECT: D&L VENDING AND DISTRIBUTION SERVICES, LLC.
Ref. Number: W21000119888

*"Please see application
for correct spelling".*

We have received your document for D&L VENDING AND DISTRIBUTION SERVICES, 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):

Pursuant to section 605.0207, F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on . Please amend your document accordingly.

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.

DANIEL L O'KEEFE
Regulatory Specialist II

Letter Number: 921A00021187

2021 SEP 1 PM 12:20

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: D&L VENDING AND DISTRIBUTION SERVICES, 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:

LAVEL L. HALLUMS
Name of Person

D&L VENDING AND DISTRIBUTION SERVICES, LLC.
Firm/Company

P.O. BOX 560241
Address

MONTVERDE, FL 34756
City/State and Zip Code

debora.grace68@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DEBORA GRACE at (321) 436-2766
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

D&L VENDING AND DISTRIBUTION SERVICES, 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:

17101 PORTER AVENUE
MONTEVERDE FL 34756

Mailing Address:

P.O. BOX 560241
MONTEVERDE, FL 34756

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:

Debra M. Grace
Name

17623 Hwy. Unit 241

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

MONTEVERDE FL 34756
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..

Debra M. Grace

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

LIVELL HALLUMS, MGR.

P.O. Box 560241
MONTEVERDE, FL 34756

DEBORA GRACE, AMBR

P.O. Box 241
MONTEVERDE, FL 34756

(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:

Deborah M. Grace

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.

Deborah M. Grace

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)

FILED

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