

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H23000156094 3)))



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To:

Division of Corporations
Fax Number : (850)617-6381

Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

****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.
EPOSITBOX LLC**

***ORIGINAL FAX
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ORIGINAL SUBMISSION
DATE OF 4/26/23***

Certificate of Status	0
Certified Copy	1
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LIMITED LIABILITY COMPANY AFFIDAVIT

STATE OF FLORIDA)
) ss:
COUNTY OF PALM BEACH)

BEFORE ME, a notary public duly authorized in the State and County aforesaid to administer oaths and take acknowledgments, personally appeared HOWARD KAYE (the "Affiant"), who, upon being first duly sworn according to law, deposes and says:

1. Affiant is a Managing Member of EPOSITBOX LLC, a Florida Limited Liability Company (the "Company").

2. The Company is currently inactive and was administratively dissolved on September 23, 2022 for failure to file the annual report.

3. Pursuant to Florida Statute s. 605.0715, the name "EPOSITBOX LLC" is not available for assumption or use by another business entity until September 23, 2023, one year after the effective date of dissolution, unless the Company provides the Florida Department of State with a record executed as required pursuant to Florida Statute s. 605.0203, permitting the immediate assumption or use of the name by another business entity.

4. Affiant, as a Managing Member of the Company, hereby provides the Florida Department of State with said record, releasing the name "EPOSITBOX LLC" and permitting the immediate assumption and/or use of the name by another business entity.

5. Under penalties of perjury, Affiant declares that Affiant has read the foregoing document and that the facts stated in it are true.

6. That this Limited Liability Company Affidavit (this "Affidavit") is made for the purpose of releasing the Company's name and permitting the immediate assumption or use of the name by another business entity.

(SIGNATURE PAGE FOLLOWS)


FILED
APR 24 9:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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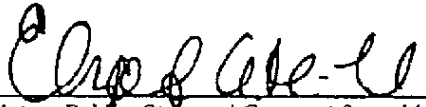
Dated effective as of April 21, 2023.

AFFIANT


HOWARD KAYE, as a Managing Member of
EPOSITBOX LLC, a Florida Limited Liability
CompanySTATE OF FLORIDA)
) ss:
COUNTY OF PALM BEACH)

The foregoing instrument was sworn to and subscribed before me by means of ☒ physical presence or ☐ online notarization on the 21st day of April, 2023, by HOWARD KAYE, as a Managing Member of EPOSITBOX LLC, a Florida Limited Liability Company, who ☐ is personally known to me or ☒ has produced Florida Drivers License as identification.

[NOTARIAL SEAL]


Notary Public, State and County AforesaidName: Elizabeth A. McLeod

My Commission Expires: _____

My Commission Number is: _____



COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: EPOSITBOX 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:

Jenniler A. Watkins, ACP, FRP

Name of Person

Nelson Mullins

Firm/Company

251 Royal Palm Way Suite 2115

Address

Palm Beach, FL 33480

City/State and Zip Code

Hkaye@eositbox.com

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

For further information concerning this matter, please call:

J. Watkins

at (561)

659-8663

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EPOSITBOX 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:2500 N MILITARY TRAIL
BOCA RATON, FL 33431700 NW 5TH ST
OKLAHOMA CITY, OK 73102

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:

HOWARD KAYE

Name

2500 N MILITARY TRAILFlorida street address (P.O. Box NOT acceptable)BOCA RATON FL 33431

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)

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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

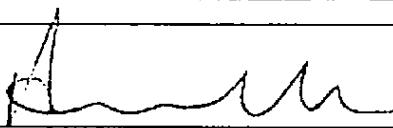
"MGR" = Manager

Name and Address:MGRHOWARD KAYE
2500 N MILITARY TRAIL
BOCA RATON, FL 33431MGRSTEPHEN SALDANHA
2500 N MILITARY TRAIL
BOCA RATON, FL 33431MGRMARK MOORE
700 NW 5TH ST
OKLAHOMA CITY, OK 73102

(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.HOWARD KAYE

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)