

L23000516366

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

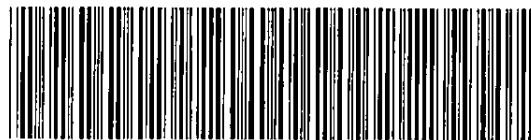
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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2023 NOV 17 AM 8:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2023 NOV 17 AM 4:51

(850) 524-5437 / (850) 524-6243 / (850) 491-9625

Please use funds from this account: I20210000160: \$130.00

Authorization Signature:

USA SPECIALTY FOOD TRUCKS AND CATERING LLC.

BUSINESS NAME _____ **DOCUMENT #** _____

4 Certified Copy

_X_Certificate of Status

NEW FILINGS

____ Profit Corp

____ Not for Profit

X Limited Liability

___Domestication

____LLLP

CORP

____ Other

_____ Other

AMMENDMENTS

Amendment

___Resignation of R.A. Officer/Director

 Change of Registered Agent

Revocation of Dissolution

___ Merger

Articles of Conversion

Restated Articles of Incorporation

Statement of Authority

OTHER FILINGS

___ Apostille

Country

Annual Report

Fictitious Name

REGISTRATION/QUALIFICATIONS

Foreign filing

Reinstatement

Qualification

Other

EXAMINER'S INITIALS:

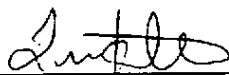
FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DR

TALLAHASSEE, FL 32309

(850) 524-5437 / (850) 524-6243 / (850) 491-9625

Please use funds from this account: I20210000160: \$130.00

Authorization Signature:  :

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☐ Country

☐ Annual Report

☐ Fictitious Name

REGISTRATION/QUALIFICATIONS

☐ Foreign filing

☐ Reinstatement

☐ Qualification

☐ Other

EXAMINER'S INITIALS: _____

COVER LETTER

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

SUBJECT: USA SPECIALTY FOOD TRUCKS AND CATERING 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:

DAVID BLACKSTONE

Name of Person

USA SPECIALTY FOOD TRUCKS AND CATERING LLC

Firm/Company

10287 SW 22ND PLACE

Address

DAVIE, FLORIDA, 33324

City/State and Zip Code

FLABUSINESS917

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

For further information concerning this matter, please call:

DAVID BLACKSTONE

305

301-9669

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

Street Address

New Filing Section Division
The Centre of Tallahassee

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

USA SPECIALTY FOOD TRUCKS AND CATERING 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:

10287 SW 22ND PLACE
DAVIE FLORIDA
33324

Mailing Address:

SAME

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:

DAVID POWELL STONE
Name

10287 SW. 22ND PLACE
Florida street address (P.O. Box **NOT** acceptable)

DAVIE FL 33324
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)

2023 4:57

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:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(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.

DAVID BLACKSTONE

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)**

2023 JUN 14 4:57