

L24000212999

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

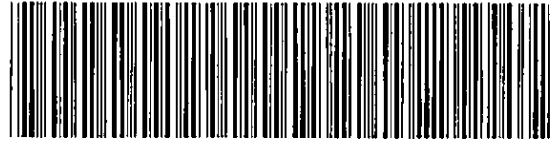
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



400428440154

FILED

2024 MAY 13 AM 9:47

SECRETARY OF STATE  
TALLAHASSEE, FL

RECEIVED

2024 MAY -3 PM 3:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

Antonella

PLEASE USE FUNDS FROM THIS ACCOUNT: I20210000160: \$125.00

Authorization Signature: Antonella  
Winged Buns LLC

BUSINESS ( Name)

Document #

\_\_\_ Walk in

\_\_\_ Pick up time

\_\_\_ Mail out

\_\_\_ Will wait

\_\_\_ Photocopy

\_\_\_ Certified Copy of Articles of Organization

\_\_\_ Certificate of Status

**NEW FILINGS**

\_\_\_ Profit  
\_\_\_ Not for Profit  
\_\_\_X\_\_\_ Limited Liability  
\_\_\_ Domestication  
\_\_\_ Other  
\_\_\_ LLC  
\_\_\_ **CORP**

**AMMENDMENTS**

\_\_\_ Amendment  
\_\_\_ Resignation of. Officer/Director  
\_\_\_ Change of Registered Agent  
\_\_\_ Dissolution/Withdrawal  
\_\_\_ Merger  
\_\_\_ Conversion

**OTHER FILINGS**

\_\_\_ Annual Report  
\_\_\_ Fictitious Name  
\_\_\_ APOSTIL ( ) \_\_\_\_\_  
Country

**REGISTRATION/QUALIFICATIONS**

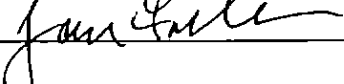
\_\_\_ Foreign Filing  
\_\_\_ Limited Partnership  
\_\_\_ Reinstatement  
\_\_\_ Trademark  
\_\_\_ Statement of Authority

2024 MAY 13 AM 9:47  
TALLAHASSEE, FL  
FILED

EXAMINER'S INITIALS: \_\_\_\_\_

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

PLEASE USE FUNDS FROM THIS ACCOUNT: I20210000160: \$125.00

Authorization Signature:   
Winged Buns LLC

BUSINESS ( Name)

Document #

☐ Walk in

☐ Pick up time ☐

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certified Copy of Articles of Organization

☐ Certificate of Status

**NEW FILINGS**

☐ Profit  
☐ Not for Profit  
☒ Limited Liability  
☐ Domestication  
☐ Other  
☐ LLC  
**CORP**

**AMMENDMENTS**

☐ Amendment  
☐ Resignation of. Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger  
☐ Conversion

**OTHER FILINGS**

☐ Annual Report  
☐ Fictitious Name  
☐ APOSTIL ( )                       
Country

**REGISTRATION/QUALIFICATION**

☐ Foreign Filing  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Statement of Authority

EXAMINER'S INITIALS:                     

2024 MAY 13 PM 9:47  
FILED  
TALLAHASSEE, FL

**COVER LETTER**

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

**SUBJECT:** Winged Buns 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:

MARTIN E DELLOCA

Name of Person

MDELL CONSULTING CORP

Firm/Company

848 BRICKELL AVE STE 1130

Address

MIAMI, FL, 33131

City/State and Zip Code

MDELLOCA@MDELLCONSULTING.COM

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

For further information concerning this matter, please call:

MARTIN E DELLOCA

305

6073493

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

2024 MAY 13 AM 9:47  
FILED  
TALLAHASSEE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Winged Buns 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:

848 BRICKELL AVE STE 1130

MIAMI, FL 33131

Mailing Address:

848 BRICKELL AVE STE 1130

MIAMI, FL 33131

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:

BLUEMAX PARTNERS CORP

Name

848 BRICKELL AVE STE 1130

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

MIAMI

FLORIDA

33131

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.

*medell Oca*

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2024 MAY 13 AM 9:47  
CLERK OF STATE  
TALLAHASSEE, FL  
FILED

**ARTICLE IV-**

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

**Title:**

**Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

DELBIZ LLC  
848 BRICKELL AVE STE 1130  
MIAMI, FL 33131

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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:**

*mDelloca*

**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.

MARTIN E DELLOCA

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)**

2024 MAY 13 AM 9:47  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

FILED