

L240000267938

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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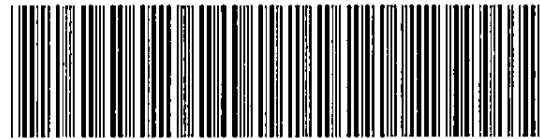
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FL



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FILE  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA CAPITAL COURIER SERVICES, INC**

2330 CLARE DR  
TALLAHASSEE, FL 32309

(850) 491-9625 Brandon

(850) 524-5437 Teresa

(850) 524-6243 Rich

**Please use funds from account: I20210000160: \$125.00**

**Authorization Signature:** 

**Business Name:** DEATH BY PIZZA WEST DELRAY, LLC

**Document #**

☐ Certified Copy  
☐ Certificate of Status

**NEW FILINGS**

**&**

**AMENDMENTS**

☐ Profit Corp  
☐ Not for Profit  
☒ **Limited Liability**  
☐ Domestication  
☐ LLLP  
☐ Corp  
☐ Inc  
☐ Other

☐ Amendment  
☐ Resignation / Dissociation  
☐ Change of Registered Agent  
☐ Revocation of Dissolution  
☐ Merger  
☐ Articles of Conversion  
☐ Amended & Restated Articles of Incorporation  
☐ Statement of Authority

**APOSTILLE(s)**

**&**

**OTHER FILINGS**

☐ Apostille(s)  
☐ Country(s)

☐ Foreign Filing  
☐ Reinstatement  
☐ Qualification  
☐ Fictitious Name  
☐ Annual Report

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

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**COVER LETTER**

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

**SUBJECT: DEATH BY PIZZA WEST DELRAY, 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:

Michelle K. Suarez, Esq.

Name of Person

Florida Entrepreneur Law

Firm/Company

101 NE 3rd Ave., Suite 1500

Address

Fort Lauderdale, FL 33301

City/State and Zip Code

Koby@DeathByPizzaDelray.com

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

For further information concerning this matter, please call:

Michelle Suarez

at ( 954 )

882-4119

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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TALLAHASSEE, FL

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DEATH BY PIZZA WEST DELRAY, 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:

528 NE 2nd Street

Delray Beach, FL 33483

Mailing Address:

528 NE 2nd Street

Delray Beach, FL 33483

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:

Koby Wexler

Name

528 NE 2nd Street

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

Delray Beach

FL

33483

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 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

[Signature]

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:**

AMBR

Koby Wexler

32 SE 2nd Ave., Apt. 231

Delray Beach, FL 33444

AMBR

Zoey Wexler

650 E. Drive

Delray Beach, FL 33445

AMBR

Deborah Wexler

7197 Lorenzo Lane

Delray Beach, FL 33446

AMBR

James Wexler

7197 Lorenzo Lane

Delray Beach, FL 33446

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 06/14/2024. (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.

The Company shall be Member managed.

**REQUIRED SIGNATURE:**

[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.

Koby Wexler

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)

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