

LL4000513558

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

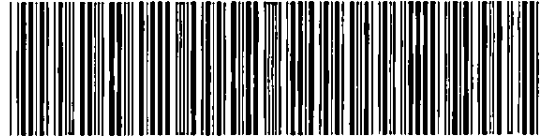
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800439537958

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2024 DEC 11 AM 9:47

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2024 DEC 11 PM 2:36

CLERK OF SUPERIOR COURT
JANUARY 1, 2025

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

EXPRESS BOTTLES, LLC

Please Debit FCA000000003 For: 125

Thank you Seth Neeley



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| | | |
|-------|--------------------------------|-------|
| _____ | Art of Inc. File | _____ |
| _____ | LTD Partnership File | _____ |
| _____ | Foreign Corp. File | _____ |
| _____ | L.C. File | _____ |
| _____ | Fictitious Name File | _____ |
| _____ | Trade/Service Mark | _____ |
| _____ | Merger File | _____ |
| _____ | Art. of Amend. File | _____ |
| _____ | RA Resignation | _____ |
| _____ | Dissolution / Withdrawal | _____ |
| _____ | Annual Report / Reinstatement | _____ |
| _____ | Cert. Copy | _____ |
| _____ | Photo Copy | _____ |
| _____ | Certificate of Good Standing | _____ |
| _____ | Certificate of Status | _____ |
| _____ | Certificate of Fictitious Name | _____ |
| _____ | Corp Record Search | _____ |
| _____ | Officer Search | _____ |
| _____ | Fictitious Search | _____ |
| _____ | Fictitious Owner Search | _____ |
| _____ | Vehicle Search | _____ |
| _____ | Driving Record | _____ |
| _____ | UCC 1 or 3 File | _____ |
| _____ | UCC 11 Search | _____ |
| _____ | UCC 11 Retrieval | _____ |
| _____ | Courier | _____ |

Signature

Requested by:

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Express Bottles, 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:

Rocco Abate

Name of Person

Firm/Company

2310 SE 2nd Street STE 7

Address

Boynton Beach FL 33435

City/State and Zip Code

Rocco.abate1089@gmail.com

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

For further information concerning this matter, please call:

Rocco Abate 561 3779350
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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Express Bottles 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:

2310 SE 2nd Street STE 7

Boynton Beach FL 33435

Mailing Address:

2310 SE 2nd Street STE 7

Boynton Beach FL 33435

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:

Rocco Abate

Name

11670 Island Lakes Lane

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

Boca Raton

FL

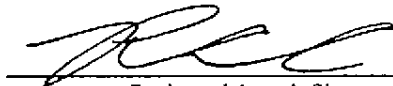
33498

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:

MGR

Michael Fraunfelder
19500 Wheel Barrow Bend
Loxahatchee FL 33470

MGR

Rocco Abate
11670 Island Lakes Lane
Boca Raton FL 33498

(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.

Rocco Abate

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)