# L23000190498

(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Eiling Officer:	
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## FLORIDA DEPARTMENT OF STATE Division of Corporations

April 3, 2023

COREY WILLIS WILBECKS BBQ LLC. 133 SOUTH OLEANDER AVE DAYTONA BEACH, FL 32118 US

SUBJECT: WILBECKS BBQ LLC. Ref. Number: W23000044622

We have received your document for WILBECKS BBQ LLC. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Dil Sultana Regulatory Specialist II Letter Number: 823A00007529

### COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: Wilbecks 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:	
	Orey Will'S Name of Person	
w	13/becks BBQ Firm/Company	
133 South Os	Reander Ave	
Daytona Beac Wilbecks 1	City/State and Zip Code  Shg (S) 4Ghov Com.  sed for future aroual report notification)	
E-mail address: (to be us	sed for future annual report notification)	
For further information concerning this matter, plo	023 FA	
Enclosed is a check for the following amount:		  -
□\$125.00 Filing Fee □\$130.00 Filing Fee Certificate of Status	$+$ $\sim$ $+$ $\sim$	l <sub>e leg</sub> s
Mailing Address New Filing Section	Street Address New Filing Section Division	

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Ā	RTI	CLE	[ -	Name:	

The name of the Limited Liability Company is:

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:

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:

Corey Willis

Name

133 South Oleander Ave

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

Daytona Beach fl 32118

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)

<u>Title:</u>		Name and Address:		
"AMBR" = A "MGR" = Ma	authorized Member			
^	BR	Corey Willis		
	<del></del>	133 Sowin Oleander Aug Doutona Brach Fl 32118		
		Daytona Beach FL 32118		
AMB	R	Ju Ann Willis		
<del></del>	- <del></del>	133 South Dleander Aug		
		Day tora Beach F1 32/18		
	<del></del>			
(Has attaches	ent if necessary)			
	·			
ARTICLE V: Effectiv	e date, if other than the	ne date of filing: (OPTIONAL)		
(If an effective date is the date of filing.)	listed, the date must	be specific and cannot be more than five business days prior to or 90 d	ays am	er
Note: If the date inser		s not meet the applicable statutory filing requirements, this date will not b	e listed	l as
the document's effecti	ve date on the Depart	tment of State's records.		
ARTICLE VI: Other p	rovisions, if any.	,	<b>~</b> 2	
···	····	<del>N</del> C	_ <b>€</b>	
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NI ALIAN PR	CLON LAWYER	AHAS	20	-
REQUIRED	SIGNATURE:	A V		m
	مني	> hullo	2	0
	Signature of This document is a	a member or an authorized representative of a member. (7) executed in accordance with section 605.0203 (1) (b). Florida Stantest	ΐδ	ري
	I am aware that any	by false information submitted in a document to the Department of State	<b>63</b>	
	constitutes a third of	eogree leichty as provided for in stationary as		
		Corey Willis Typed or printed name of signee		
		Lyped of printed name of signee		
		47-4. 97		

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)