

NOV-09-2005 16:09  
Division of Corporations

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Division of Corporations  
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## Electronic Filing Cover Sheet

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## To:

Division of Corporations  
Fax Number : (850) 205-0383

## From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696**W05-109199**

## LIMITED LIABILITY COMPANY

steve's smokehouse, llc

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

DIVISION OF CORPORATION

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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**ARTICLES OF ORGANIZATION FOR STEVE'S SMOKEHOUSE, LLC****ARTICLE I - Name:**

The name of the Limited Liability Company is: **Steve's Smokehouse, LLC**

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is: **1746 Espanola Drive, Coconut Grove, Florida 33133.**

**ARTICLE III -****Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are: **Samuel Spencer Blum, Esquire, 2666 Tigertail Avenue, Suite 106, Coconut Grove, Florida 33133.**

*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 608, Florida Statutes.*

  
Registered Agent's Signature

**Article IV - Management (Check box if applicable.)**

- ☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested.)

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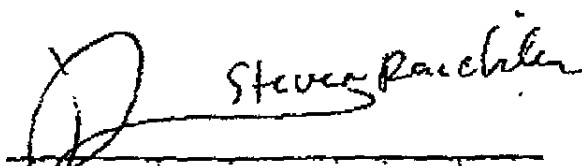
**Samuel Spencer Blum**  
ATTORNEY AT LAW

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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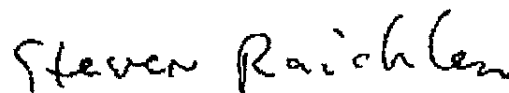
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Signature of a member or an  
authorized representative of a  
member.

(In accordance with Section 608.408(3), Florida  
Statutes, the execution of this document constitutes an  
affirmation under the penalties of perjury that the facts  
stated herein are true.)



Typed or printed name of signee

**FILING FEES:**

- \$ 100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (OPTIONAL)
- \$ 5.00 Certificate of Status (OPTIONAL)

SSB/nbf

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Samuel Spencer Blum

ATTORNEY AT LAW

TOTAL P.03