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P | SECRETARY OF STATE

COVER LETTER

	Reg istr ation Div isio n of (n Section Corporations	
SUBJEC	т:	Leesburg BBQ,	
		(Name of Lim	ited Liability Company)
The enclo	sed Articles	of Organization and fee(s) are	submitted for filing.
Please ret	urn all corre	spondence concerning this ma	tter to the following:
		Susi Jenkins	
			(Name of Person)
		Heritage Managemen	t Corp. (Firm/Company)
		PO BOX 2495	(Company)
		10 BUX 2493	(Address)
		Ocala, FL 34478	
		(Ci	ty/State and Zip Code)
For further	r information	o concerning this matter, pleas	e call:
_Kennet	h Kirkp	atrick	_at (352) 482-0777 (Area Code & Daytime Telephone Number)
	(Nam	ne of Person)	(Area Code & Daytime Telephone Number)
Enclosed	is a check t	for the following amount:	
I \$125.00	Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	is:	
Leesburg BBQ, LLC (Must end with the words "Limited Lie	ability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liability Compar	ny is:
Principal Office Address:	Mailing Address:	
2605 SW 33rd Street, Bldg 200 Ocala, FL 34471	PO BOX 2495 Ocala, FL 34478	
business entity with an active Florida registration.) The name and the Florida street address of the <u>Kenneth Kirkpatr:</u> Nam	ick ne	
2605 SW 33rd Stre	eet, Bldg 200	
	address (P.O. Box <u>NOT</u> acceptable)	H _{aus}
<u>Ocala</u> City, State	FL 34471 0 7	
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete	o accept service of process for the above stated lime of this certificate, I hereby accept the appointment active. I further agree to comply with the provisions of the performance of my duties, and I am familiar with a gistered agent as provided for in Chapter 608, F.S.	s of all nd
Registered Agent's Sign		

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

"BAL-P" - BARROOF	Name and Address:	
"MGR" = Manager		
"MGRM" = Managing Member		
MGR	Kenneth B. Kirkpatrick	
	2605 SW 33rd Street, Suite 20	00
	Ocala, FL 34471	-
MGR	Wesley E. Dixon, Jr.	
	2605 SW 33rd Street, Bldg 200	
	Ocala, FL 34471	
	3,172	
		
		
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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)