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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

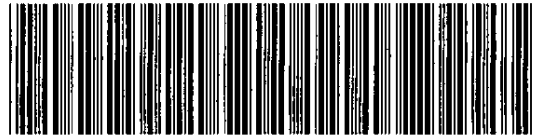
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 MAR 25 PM 1:20

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C. LEWIS

MAR 26 2009

EXAMINER



TED A. LASSEIGNE, P.A.
ATTORNEY AT LAW

TED A. LASSEIGNE
LESLIE A. LASSEIGNE

MAILING ADDRESS:
POST OFFICE BOX 2238
HAINES CITY, FLORIDA 33845-2238
TELEPHONE (863) 422-2216

OFFICE ADDRESS:
105 McKAY DRIVE
HAINES CITY, FLORIDA 33844

March 20, 2009

Registration Section
Division of Corporations
Department of State
Post Office Box 6327
Tallahassee, Florida 32314-6327

Re: SKD BBQ, LLC

Dear Sir:

The enclosed Articles of Organization and fee is submitted for filing.

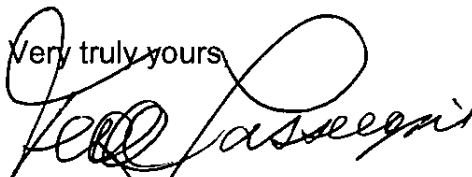
Please return all correspondence concerning this matter to the following:

Ted A. Lasseigne, Esquire
Post Office Box 2238
Haines City, FL 33845-2238
Phone: 863-422-2216

Enclosed is a check for the following:

Filing Fee:	\$ 125.00
Certified Copy	<u>\$ 30.00</u>
Total	\$155.00

Please return the certified copy to the undersigned.

Very truly yours,

Ted A. Lasseigne

TAL/pso

Enclosure(s)
xc: Zachariah Drehmer

ARTICLES OF ORGANIZATION FOR FLORIDA
LIMITED LIABILITY COMPANY

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - NAME:

The name of the Limited Liability Company is:

SKD BBQ, LLC

ARTICLE II - ADDRESS:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

595 N. Broadway Avenue
Bartow, FL 33830

Mailing Address:

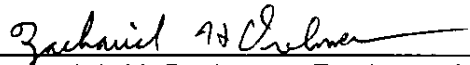
595 N. Broadway Avenue
Bartow, FL 33830

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, AND REGISTERED AGENT'S SIGNATURE:

The name and Florida street address of the registered agent are:

Zachariah H. Drehmer
821 North Lake Eloise Drive
Winter Haven, Florida 33884

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, F.S.


Zachariah H. Drehmer - Registered Agent

ARTICLE IV - MANAGER(S) OR MANAGING MEMBER(S):

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

TITLE:

Manager

NAME AND ADDRESS:

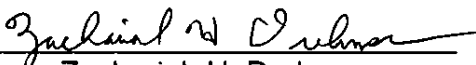
Zachariah H. Drehmer
821 North Lake Eloise Drive
Winter Haven, Florida 33884

Managing Member

Melissa I. Drehmer
821 North Lake Eloise Drive
Winter Haven, Florida 33884

ARTICLE V: Effective March 20th, 2009.

REQUIRED SIGNATURE:


Zachariah H. Drehmer

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

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2009 MAR 25 PM 1:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA