## LOADOORPRA

	(Red	questor's Name)	
		•	
	(Add	tress)	
	(Add	ress)	
	·	·	
	(City	//State/Zip/Phon	e #)
		<b>—</b>	<b>—</b>
L PICK-L	ıΡ	☐ WAIT	MAIL
	(Bus	iness Entity Na	me)
	(Doc	ument Number)	
Certified Copies		Certificate	s of Status

Special Instructions to Filing Officer:

L. SELLERS

JUL 10 2009

**EXAMINER** 

Office Use Only



300157057563

07/09/09--01023--019 \*\*160.00

SECNE MANY UP STATE

## COVER LETTER

TO: Registration Division of	n Section Corporations	
SUBJECT:	Rockin' Ribs	BBQ & Wing Fest, LLC.
		d Liability Company
The enclosed Article	s of Organization and fee(s) are s	ubmitted for filing.
Please return all corre	espondence concerning this matte	er to the following:
***************************************	······································	am S. Bliss Jr.
		Name of Person
**************************************	Jubilee Cente	er of South Broward, Inc.
		Firm/Company
	202	0 Scott Street
		Address
		wood, FL 33020
	·	/State and Zip Code hwd@hotmail.com
**************************************	E-mail address: (to be used for	or future annual report notification)
For further information	on concerning this matter, please	call:
	/illiam Bliss	at (954)987-8885
Nai	me of Person	Area Code & Daytime Telephone Number
Enclosed is a check	c for the following amount:	
\$125.00 Filing Fe	e \$\int_\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (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 i	is:
Rockin' Ribs BBQ an	d Wing Fest, LLC.
(Must end with the words "Limited Lia	bility 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:
Jubilee Center of South Broward, Inc. 2020 Scott Street	Rockin' Ribs BBQ Fest
Hollywood, FL 33020	Hollywood, FL 33020
The name and the Florida street address of the David k	-
David P	Cout, PA
	··•
	eridan St. O. Box NOT acceptable)
Pembroke Pines,	<del></del>
City, State	FL , and Zip
liability company at the place designated is registered agent and agree to act in this capac statutes relating to the proper and complete	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as city. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and egistered agent as provided for in Chapter 608, F.S

(CONTINUED)

PILED

SECNELANY SE STATE

ARECNELANY SE STATE

## Page 1 of 2

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Memb	er
MGR	William S. Bliss Jr. Jubilee Center
	3156 N 34th Street
	Hollywood, FL 33021
MGR	Patricia Genetti
	Hallandale Beach Chamber of Commerce
	400 South Federal, Hallandale Beach
MGR	Ron Rose
	240 NE 212 Street
	Miami FL 33179
MGR	Shirley Horn
	Gulfstream Park 901 S. Federal
	Hallandale Beach FI 33
(Use attachment if necessary)	
LE V: Effective date, if other	than the date of filing: (OPTIONA
•	must be specific and cannot be more than five business day
Tective date is listed, the date	
fective date is listed, the date days after the date of filing.)	
days after the date of filing.)	
days after the date of filing.)  REQUIRED SIGNATURE:	
days after the date of filing.)  REQUIRED SIGNATURE:  Signature of (In accordance of this document)	(euBe-)

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

FILED

09 JUL -9 PM I2: 36

SECRETARY OF STATE