

4/27/2011

Division of Corporations

**Florida Department of State**  
**Division of Corporations**  
**Electronic Filing Cover Sheet**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((1111000114801 3)))



H110001148013ABCR

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.**  
**Doing so will generate another cover sheet.**

**To:**  
Division of Corporations  
Fax Number : (850) 617-6383

**From:**  
Account Name : HUBCO  
Account Number : 104662003400  
Phone : (516) 935-3940  
Fax Number : (516) 935-3088

**FILED**  
**2011 APR 27 AM 9:15**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

**Email Address:** mudirtman@gmail.com

**RECEIVED**  
**11 APR 27 AM 9:59**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**FLORIDA LIMITED LIABILITY CO.**  
**S & W Mobile Smokehouse LLC**

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

**C. LEWIS**  
**APR 28 2011**  
**EXAMINER**

H11000114801

ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **S & W Mobile Smokehouse LLC**

ARTICLE II - Address

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

Principal Office Address:

1609 Plumosa Avenue

Lehigh Acres, FL 33972

Mailing Address:

P.O. Box 574

Alva, FL 33920

FILED  
2011 APR 27 AM 9:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

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

**Stark Sullen**

Name

**1609 Plumosa Avenue**

(P.O. Box or Mail Drop Box **NOT** Acceptable)

**Lehigh Acres, FL 33972**

(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 608, F.S.*

  
\_\_\_\_\_  
**Registered Agent's Signature - Stark Sullen**

H11000114801

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

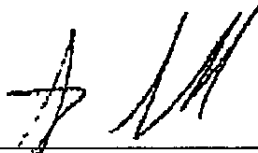
**Name and Address:**

MGRM

Stark Sullen - P.O. Box 574, Alva, FL 33920

(Use attachment if necessary)

**REQUIRED SIGNATURE:**



Signature of a member or 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. )

Stark Sullen

Typed or printed name of signee

**FILED**  
**2011 APR 27 AM 9:15**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**