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Florida Department of State  
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To: Division of Corporations  
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From: Account Name : EMPIRE CORPORATE KIT COMPANY  
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Phone : (305) 634-3694  
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**FLORIDA LIMITED LIABILITY CO.**  
**big moes wings, llc**

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| Certificate of Status | 0        |
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JUL 13 2011

**EXAMINER**

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(2)

**ARTICLES OF ORGANIZATION  
FOR FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name of Limited Liability Company: **BIG MOES WINGS, LLC**

ARTICLE II - Mailing Address & Street Address of Limited Liability Company:

Address: **7855 GREAT OAK DRIVE**

City, State & Zip: **LAKE WORTH, FL 33467**

ARTICLE III - Registered Agents Name, Office Address, & Registered Agents Signature:

**ANTWELLA L. AGNELLO**

Name

**7855 GREAT OAK DRIVE**

Address (P.O. Box NOT Acceptable)

**LAKE WORTH, FL 33467**

City, State, Zip

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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 60N, F.S.

Registered Agent's Signature *Antwella L. Agnello* Date: **7/11/2011**

☒ 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. Specify name & address(es).

1. **FILIPPA AGNELLO, 7855 GREAT OAK DRIVE, LAKE WORTH, FL 33467**
2. **ANTWELLA L. AGNELLO, 7855 GREAT OAK DRIVE, LAKE WORTH, FL 33467**
- 3.

Signature of a member or an authorized representative of a member.  
In accordance with section 608.409 (3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

*Filippa Agnello*  
Typed or printed name of signer

**FILIPPA AGNELLO**

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