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Effective Date 10/1/12

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SECRETARY OF STATE
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OCT = 4 2012

T. HAMPTON

#### **COVER LETTER**

TO:	Registration of	on Section Corporations	
SUBJE	SCT. SMO	OKING NATIVE BE	BQ, LLC
GO DO E			ed Liability Company
The end	closed Article	es of Organization and fee(s) are	submitted for filing
		respondence concerning this mat	<del>-</del>
			•
	<u>JAMES</u>	S PATRICK MONE	Name of Person
			Name of Person
•			Firm/Company
	13275	86TH AVENUE	
•			Address
5	SEMINO	LE, FL 33776	
-			y/State and Zip Code
	JAMESM	ONEY84@YAHOO.CO	
		E-mail address: (to be used	for future annual report notification)
For furt	her informati	on concerning this matter, please	e call:
JAME	ES MONE	ΞΥ	_at ( 727 )_5424416
	Na	me of Person	Area Code & Daytime Telephone Number
Enclos	ed is a checl	k for the following amount:	
\$125.00	Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed)  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

## Effective Date 10/1/2

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

ART	<b>ICL</b>	ΕI	- N	ame:
$\Delta I \times I$	$\mathbf{I} \mathbf{V} \mathbf{L}$		- T4	WILL CO

The name of the Limited Liability Company is:

### SMOKING NATIVE BBQ, LLC

(Must end with the words "Limited Liability 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:
13275 86TH AVENUE	13275 86TH AVENUE
SEMINOLE, FL 33776	SEMINOLE, FL 33776

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

LAURA MICHELLI	E DENNARD
	Name
13275 86TH A	AVENUE
Florida str	eet address (P.O. Box NOT acceptable)
SEMINOLE	<sub>FL</sub> 33776
C	ity, State, and 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 (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGRM	JAMES PATRICK MONEY 13275 86TH AVENUE SEMINOLE, FL 33776	
<del></del>		
(Use attachment if necessary)  CLE V: Effective date, if other than the effective date is listed, the date must be		
CLE V: Effective date, if other than the effective date is listed, the date must be 0 days after the date of filing.)		
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:		ve business day
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member of	e specific and cannot be more than five	ber. s document herein are true.
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