

L13000141751 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

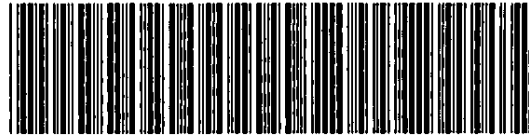
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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2013 OCT - 7 AM 10:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R. Ouligan OCT - 8 2013



Divorces, Litigation, Etc., Inc.,

A REGISTERED FLORIDA CORPORATION. NUMBER: P12000046078

FEDERAL EMPLOYER'S IDENTIFICATION NUMBER: 45-5349693

"A LEGAL-ASSISTANCE CENTER"

Brinsley M.A. Elliott, Jr., President, Notary Public/ Florida State Court Mediator.

6250 WEST OAKLAND PARK BOULEVARD, SUIT 6, SUNRISE, FLORIDA 33313 and 3155 NORTH WEST 42ND. STREET, LAUDERDALE LAKES, FLORIDA 33309. CALL: (954) 714-6888. FAX: (954) 714-6899. E-MAIL: sirbigtonebrinsley@aol.com. WWW.browarddivorcesetc.com

"We Have Been Serving You Since 1987"

Today's date is: September 30, 2013.

Florida Division of Corporations

409 East Gaines Street
Tallahassee
FLORIDA 32399.

IN RE: "KINGPIN'S PIZZA AND WINGS, LLC

Dear Sir/Madam,

With reference to the above proposed Corporation, we now forward the Application and relevant fee.

Please send the Certificate to this Office.

Thanking very much in advance for your earliest attention to this matter,

We remain

Sincerely yours


BRINSLEY M.A. ELLIOTT, Sr.

Adoptions . **Asset Protection.** Bankruptcy. **(Criminal) Background Checks/Skip-Tracing.** Child Support/Custody-Modifications/Petitions. **Contracts** . Construction Liens . **Copyrights.** Corporations. **Credit Repair.** Criminal Record Expunction/Sealing **(Uncontested) Divorces.** Employee/Employer Disputes (to include our personal representation). **Family Counseling.** (Any State) **(Non-Governmental, but Valid)** Identification Cards. **Guardianships.** Immigration Matters . **(Personal) Income Tax Preparation.** Landlord & Tenant Disputes (to include evictions) . **Marriages Performed** . Name-Changes . **Parole/Probation Termination.** Resumes for any employment position. **Secretarial Service.** Social Security Disability Claims. **Wills (all 36 Varieties)** .

Many other areas of service. Just ask !!!

(850) 245-6051.

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **KINGPINS PIZZA & WINGS, LLC**

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DAVID MICHAEL BAIN

Name of Person

KINGPINS PIZZA & WINGS, LLC

Firm/Company

5322 North East 6th Avenue, Suite 22F

Address

Fort Lauderdale, FLORIDA 33334

City/State and Zip Code

info@kingpinspizza.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID MICHAEL BAIN at **917** **406-9905**

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

KINGPINS PIZZA & WINGS, 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:

3155 NORTH WEST 42nd STREET

LAUDERDALE LAKES

FLORIDA 33309

Mailing Address:

3155 NORTH WEST 42nd STREET

LAUDERDALE LAKES

FLORIDA 33309

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:

TERALD SPENCER ALLEN

Name

3155 NORTH WEST 42nd STREET

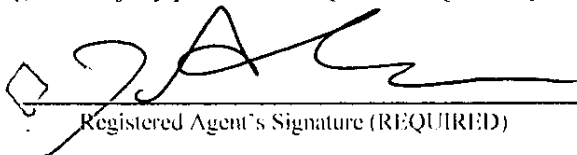
Florida street address (P.O. Box **NOT** acceptable)

LAUDERDALE LAKES, FLORIDA 33309

City, State, and Zip

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2018 OCT -7 AM 10:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

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:

MGR

DAVID BAIN

5322 NORTH EAST 6th AVENUE, SUITE 22F

FORT LAUDERDALE, FLORIDA 33334

MGRM

TERALD SPENCER ALLEN

3155 NORTH WEST 42nd STREET

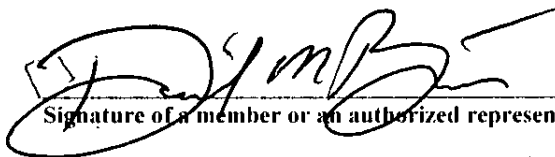
LAUDERDALE LAKES, FLORIDA 33309

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



Signature of a member or an 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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

DAVID BAIN

Typed or printed name of signer

Filing Fees:

**\$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
2019 OCT - 7 AM 10:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA