L13000170477

(Red	juestor's Name)	
(Add	lress)	
(Add	iress)	
(ridd	11033)	
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	ne)
,	·	,
(Dos	cument Number)	
(DOC	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer	
opeoidi mosi dollono to r	ining Cilicon	

Office Use Only



400254219714

Effective Date Dec. 04, 2013

12/06/13--01014--012 **130.00

13 DEC -6 PM 1: 15



COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: STY	nackin (000 Name of Limite	ed Liability Company	
The enclosed Articles of C	Organization and fee(s) are s	submitted for filing.	
Please return all correspon	ndence concerning this matte	er to the following:	
	Corey K	Name of Person	
Sr	nackin' loo	Wings Firm/Company	
2001 old	St Augustine	Pd Apt L20	3 Tallahassee Florida 32301
	Mahassee City	Flucida 3230 V/State and Zip Code	
	$\overline{}$	or future annual report notification)	
For further information co	oncerning this matter, please		
Corey K	Person	at (<u>&SD</u>) <u>S91-</u> Area Code & Daytime Telep	8057
Enclosed is a check for	the following amount:		
□\$125.00 Filing Fee	130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & □ Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailina Addussa	Stuast/Courier Address	

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:
Smackin' Good 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: Mailing Address:
2001 Old St Augustine Rd Apt 6203 Tallahassee Fl Apt 6203 Tallahassee Fl 32301
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: Corey Kyong Name 2001 Old st Augustine Rd Apt 1 2035 Florida street address (P.O. Box NOT acceptable) City, State, and Zip
City, 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

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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	Name and Address:	
"MGRM" = Managing Member	Corey & Young 2001 Old St Augustive Rd Apt 1203 Tallahassee Fl 3230	/د
	PRO PROCESS OF THE PR	FILED
(Use attachment if necessary) LE V: Effective date, if other than the ffective date is listed, the date must	e date of filing: 12-4-2013 (OPTIONAL) to be specific and cannot be more than five business	L) s day

ARTIC (If an ef VS prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Signature of a member of 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.)

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)