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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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2014 MAR 21 PM 3: 45
SECRETARY OF STATES

K. SALY EXAMINER MAR 25 2014

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: FAT BOW BAR - B - Q LLC Wame 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:	
Christopher m Surtes Name of Person	
Firm/Company	
1590 REDECCA ST	
Address	
PENSACOIN FI 32534 City/State and Zip Code	
SUSIC Pab @ URINO. COM E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	•
Chertopher M Syetes SSO, 7710-9750 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee	
Mailing Address Registration Section Street/Courier Address Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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:
FAT Boys BAR-B-Q 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:
550 E NIDE MILE RO 1590 REDECCA ST RENSACOLA, FLORIDA PENSACOLA, FL 32514 32534
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:
Siza Mins
Name
Florida street address (P.O. Box NOT acceptable)
Draxocolo = 375311
City 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 605, F.S
Projectered Apart's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Fitle:</u> AMBR" = Authorized Member	Name and Address:
MGR" = Manager	mit about M 51 stars
AMBR	1590 RELECTED ST
	PROSPICO IN Fl. 32534
AMBR	Fichagola Alins
	1390 REDECCO ST
	PENSACOIN, F.1. 32534
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