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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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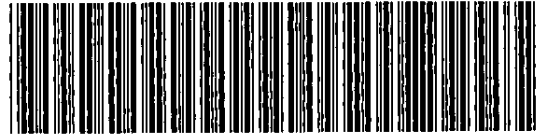
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

N. G. G. APR 17 2014

LAW OFFICES OF JAMES P. COVEY, P.A.

915 17th Street, Suite 106, Vero Beach, FL 32960 Telephone: 772.770.6160 Facsimile: 772.770.6074	MAILING ADDRESS: P.O. Box 657 Vero Beach, FL 32961-0657	2207 S. Kanner Highway, Stuart, FL 34994-4619 Telephone: 772.286.5820 Facsimile: 772.286.1505
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James P. Covey, J.D., M.B.A.
Licensed to practice in Florida and Maryland
Robyn H. Eschmann
Florida Registered Paralegal/Firm Administrator
Melanie B. Lawrence
Legal Assistant

Dorothea F. DePace
Florida Registered Paralegal
Alexandra N. DeMayo
Legal Assistant

April 11, 2014

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314


Re: *Southern View BBQ, LLC.*

Enclosed, please find the following:

1. Cover Letter;
2. Articles of Organization for Southern View BBQ, LLC.
3. James P. Covey, P.A. firm check in the amount of \$130.00 representing the Filing Fee & Certificate of Status for Southern View Bbq, LLC.

If you should have any questions or should need any further information to complete this request, please contact this office at 772.770.6160.

Sincerely,


Robyn H. Eschmann, FRP
Paralegal

/ml
enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Southern View BBQ, 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:

JAMES P. COVEY, ESQ.
Name of Person

The Law Offices of James P. Covey, P.A.
Firm/Company

P.O. Box 657
Address

Vero Beach, Florida 32961
City/State and Zip Code

courtemail@jcoveylaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James P. Covey, Esq. at (772) 770.6160
Name of Person Area Code Daytime Telephone Number

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)

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:

Southern View 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:

1929 S.E. Dupont Street
Port St. Lucie, Florida 34952

Mailing Address:

P.O. Box 657
Vero Beach, Florida 32961

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:

JAMES P. COVEY, ESQ.

Name

915 17th Street, Suite 106

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

Vero Beach

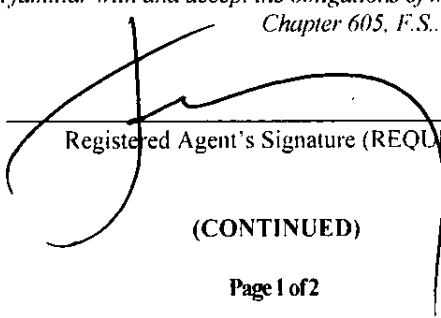
City

FL

32960

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..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

"AMBR"

Name and Address:

Edward Leamon

1929 SE Dupont Street

Port St. Lucie, Florida 34952

"MGR"

Edward Leamon

1929 Dupont Street

Port St Lucie, Florida 34952

(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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

James P. Covey

Typed or printed name of signee

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)

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