

L 15000041066

Division of Corporations

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Florida Department of State
Division of Corporations
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Fax Number : (850) 617-6383

From:

Account Name : BELOFF, PARKER, JACOBS, PLC.
Account Number : I20080000060
Phone : (305) 673-1101
Fax Number : (305) 673-5505

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FLORIDA LIMITED LIABILITY CO.
CAROLINA BBQ W PALM LLC

Certificate of Status	1
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COVER LETTER

**TO: REGISTRATION SECTION
 DIVISION OF CORPORATION**

SUBJECT: CAROLINA BBQ W PALM LLC,

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

Please return all correspondence concerning this matter to the following:

**WILL PRINCE, ESQ
BELOFF LAW, P.A.
1691 MICHIGAN AVENUE, SUITE 360
MIAMI BEACH, FLORIDA 33139**

Email Address: wprince@beloffparker.com

**\$160.00 Filing Fee
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**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY**

CAROLINA BBQ W PALM LLC,
a Florida limited liability company

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, desiring to form a limited liability company for the purposes set forth herein and in conformance with the Florida Limited Liability Company Act, does hereby establish the following:

ARTICLE I- NAME:

The name of the limited liability company is: **CAROLINA BBQ W PALM LLC**, a Florida limited liability company

ARTICLE II- ADDRESS:

The address of its principal place of business, as well as the mailing address for this limited liability company is: **CAROLINA BBQ W PALM LLC**, a Florida limited liability company c/o Jonathan D. Beloff, Esq., Beloff Law, P.A. 1691 Michigan Ave., Suite 360, Miami Beach, Florida 33139

**ARTICLES III-
REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT' SIGNATURE**

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

Jonathan D. Beloff, Esq.
Beloff Law, P.A.
1691 Michigan Ave., Suite 360
Miami Beach, Fla. 33139

Having been named as registered agent and to accept service of process for the above state 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.


JONATHAN D. BELOFF, ESQ.

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ARTICLE IV

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

TITLE:

NAME AND ADDRESS:

MGR

David Blitstein
c/o Jonathan D. Beloff, Esq., Beloff Law,
P.A. 1691 Michigan Ave., Suite 360, Miami
Beach, Florida
33139

ARTICLE -V -Effective Date, if other than the date of filing: N/A

ARTICLE- VI-Other provisions, if any.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REQUIRED SIGNATURE:


DAVID BLITSTEIN, MANAGER
Dated: MARCH 4, 2015

(In accordance with Section 905.0203 (1)(b), Florida Statute, 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 s817.155, F.S.)

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