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(Re	questor's Name)	
(Adı	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

Division of Corporations		
SUBJECT: <u>Joe Bob's Tater's 'n More, LLC.</u> Name of Li	mited Liability Company	
The enclosed Articles of Organization and fee(s) a	re submitted for filing.	
Please return all correspondence concerning this m	natter to the following;	
Joseph Robert Shannon		
	Name of Person	
<u>N</u> /A		
-	Firm/Company	
405 57th St. W.		
	Address	——————————————————————————————————————
Bradenton, Florida 34209		
	City/State and Zip Code	
Joeshannon1991@omail.com		
E-mail address: (to be use	ed for future annual report notification)	5/2 - 1
For further information concerning this matter, ple	ease call:	
Joseph Robert Shannon at (941) 741-1888	
Name of Person	Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:		2
☑ \$125.00 Filing Fee	S155.00 Filing Fee & S160.00 Filing Certified Copy (additional copy is enclosed) Certified Copy (additional copy is	tatus &
	(auainonai vop) is	
Mailing Address	Street/Courier Address	
Registration Section Division of Corporations	Registration Section Division of Corporations	

P.O. Box 6327 Tallahassee, FL 32314

Registration Section

TO:

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:	
Joe Bob's Taters 'n More, LLC.	
(Must end with the words "Limited Li	ability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office.	ce of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
405 57th St. W. Bradenton, Florida 34209	405 57th St. W. Bradenton, Florida 34209
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Reanother business entity with an active Florida registration.)	egistered Agent. You must designate an individual or
The name and the Florida street address of the registered at	gent are:
Joseph Robert Shannon	
Name	
405 57th St. W.	
Florida street address (P.O. Box N	OT acceptable)
Bradenton	FL 34209
City	Zip
the place designated in this certificate, I hereby accept t capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig	ce of process for the above stated limited liability company at the appointment as registered agent and agree to act in this call statutes relating to the proper and complete performance ations of my position as registered agent as provided for in 605, F.S.
•	The Est of the Control of the Contro
gospph Shannon	L N
Registered Agent's Signatu	re (REQUIRED)
CONTINUE	

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Joseph Robert Shannon
	405 57th St. W.
	Bradenton, Florida 34209
MGR	Courtney Marie Murkerson
	3310 9th Ave. W.
	Bradenton, Florida 34205
AMBR	Joseph Raymond Shannon
	405 57th St. W.
	Bradenton, Florida 34209
(Use attachment if necessary) EV: Effective date, if other than the ective date is listed, the date must bot filing.)	date of filing:
E V: Effective date, if other than the ective date is listed, the date must b	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 9
E V: Effective date, if other than the ective date is listed, the date must be filling.) E VI: Other provisions, if any.	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 9
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E V: Effective date, if other than the ective date is listed, the date must be filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a coordance with section	A Hannor. a member or an authorized representative of a member. n 605.0203 (1) (b), Florida Statutes, the execution of this document
E V: Effective date, if other than the ective date is listed, the date must but filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a constitutes an affirmation I am aware that any false in the ective constitutes and signature of a constitute o	A Sharmore. a member or an authorized representative of a member. n 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true information submitted in a document to the Department of State.
E V: Effective date, if other than the ective date is listed, the date must be filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a constitutes an affirmation I am aware that any false is	A Shannor be more than five business days prior to or 9 Shannor a member or an authorized representative of a member. n 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are truer.
E V: Effective date, if other than the ective date is listed, the date must be filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a constitutes an affirmation I am aware that any false is constitutes a third degree in the ection of the end of the e	A Second cannot be more than five business days prior to or 9 Second Cannot be more than five business days prior to or 9 A member or an authorized representative of a member. In 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true information submitted in a document to the Department of State.
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