116000084044

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(business Entity Name)
_
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900284686369

900254686369 04/25/16--01019--002 **130.00

SECRETARY OF STATE

TALLAHASSEE FLORIDA

5210

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	T: Big Apple Buffet St. Pete LLC	
	Name of Limited Liability Company	
The end	osed Articles of Organization and fee(s) are submitted for filing.	
Please	turn all correspondence concerning this matter to the following:	
	LIU, YI RUI	
	Name of Person	
	Big Apple Buffet St. Pete LLC	
	Firm/Company	
	1266 Snug Harbor Dr	
	Address	
	Casselberry, FL 32707	
	City/State and Zip Code	
	newpekingbuffet@gmail.com E-mail address: (to be used for future annual report notification)	
For furth	information concerning this matter, please call:	
	LIU, YI RUI at (407) 274-5449	
	Name of Person Area Code Daytime Telephone Number	
Enclose	is a check for the following amount:	
]\$ 125.0	Filing Fee \$\ \text{X} \\$130.00 \text{ Filing Fee & Certificate of Status} \ \text{Certified Copy (additional copy is enclosed)} \ Certified Copy (add	d)
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Big Apple Buffet St. Pete 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:

1266 Snug Harbor Dr	1266 Snug Harbor Dr
Casselberry, FL 32707	Casselberry, FL 32707

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:

LIU,	YI RUI	
•	Name	
1266 Snug	Harbor Dr	
Florida street address	(P.O. Box NOT a	cceptable)
Casselberr	y, FL	32707
City	State	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..

YT REGISTERED Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

16 IPR 25 AH 8: 21

Title:	Name and Address:	
'AMBR" = Authorized Memb	er	
'MGR" = Manager MGR	LIU, YI RUI	
	1266 Snug Harbor Dr Casselberry, FL 32707	
MGR	WANG, RUI MEI	
11011	1266 Snug Harbor Dr	
	Casselberry, FL 32707	_
· · · · · · · · · · · · · · · · · · ·	-	
	,	
		_
(Use attachment if necessary)		
ctive date is listed, the date m f filing.) the date inserted in this block nent's effective date on the De	an the date of filing: (OPTIONAL) nust be specific and cannot be more than five business days prior to o does not meet the applicable statutory filing requirements, this date wil spartment of State's records.	
ctive date is listed, the date n f filing.)	does not meet the applicable statutory filing requirements, this date will epartment of State's records.	
ctive date is listed, the date in filling.) the date inserted in this block nent's effective date on the De E VI: Other provisions, if any.	nust be specific and cannot be more than five business days prior to o does not meet the applicable statutory filing requirements, this date wil	
ctive date is listed, the date in filing.) the date inserted in this blockment's effective date on the December of the Decembe	does not meet the applicable statutory filing requirements, this date will epartment of State's records.	I not t
ctive date is listed, the date in filing.) the date inserted in this blockment's effective date on the December of the Decembe	does not meet the applicable statutory filing requirements, this date will epartment of State's records. The of a member of an authorized representative of a member. It is executed in accordance with section 605.0203 (1) (b), Florida Statu any false information submitted in a document to the Department of Shird degree felony as provided for in s.817.155, F.S.	I not t
ctive date is listed, the date in filing.) the date inserted in this blockment's effective date on the December of the Decembe	does not meet the applicable statutory filing requirements, this date will epartment of State's records. Y	I not t
ctive date is listed, the date in filing.) the date inserted in this blockment's effective date on the December of the Decembe	does not meet the applicable statutory filing requirements, this date will partment of State's records. Y	tes.
ctive date is listed, the date in filing.) the date inserted in this block ment's effective date on the December of the Decemb	does not meet the applicable statutory filing requirements, this date will spartment of State's records. Y	I not to
ctive date is listed, the date in filing.) the date inserted in this block ment's effective date on the December of the Decemb	re of a member or an authorized representative of a member. t is executed in accordance with section 605.0203 (1) (b), Florida Statut any false information submitted in a document to the Department of Sirid degree felony as provided for in s.817.155, F.S. LIU, YI RUI Typed or printed name of signee Filing Fees: Cles of Organization and Designation of Registered Agent	tes.
ctive date is listed, the date in filing.) the date inserted in this block ment's effective date on the December of the Decemb	does not meet the applicable statutory filing requirements, this date will partment of State's records. Your Office of a member or an authorized representative of a member. It is executed in accordance with section 605.0203 (1) (b), Florida Statust any false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S. LIU, YI RUI Typed or printed name of signee Filing Fees: Cles of Organization and Designation of Registered Agent Ditional)	I not to
ctive date is listed, the date in filing.) the date inserted in this block ment's effective date on the December of the Decemb	does not meet the applicable statutory filing requirements, this date will partment of State's records. Y	tes.
ctive date is listed, the date in filing.) the date inserted in this blockment's effective date on the December of the Decembe	re of a member or an authorized representative of a member. t is executed in accordance with section 605.0203 (1) (b), Florida Statut any false information submitted in a document to the Department of S nird degree felony as provided for in s.817.155, F.S. LIU, YI RUI Typed or printed name of signee Filing Fees: Cles of Organization and Designation of Registered Agent Ditional) as (Optional)	tes.