L/6000/97508

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
•	-	-
(Do	ocument Number)	
•	,	
Certified Copies	Certificates	of Status
ocitined copies		
Special Instructions to	Filing Officer:	

Office Use Only



800291538408

10/26/16--01004--015 **125.00

mrs OCT 25 PH 2: 15

10/28/16

COVER LETTER

то:	Registration Section Division of Corporations	
SUBJE	Big Don's BBQ LLC	
CODGE		mited Liability Company
The end	closed Articles of Organization and fee(s) as	re submitted for filing.
Please	return all correspondence concerning this m	atter to the following:
	Don Lampkins	
		Name of Person
		Firm/Company
	25 Skyline Drive	
		Address
	Merritt islend, Fl 32953	•
	donlampkins@iclould.com	City/State and Zip Code
		d for future annual report notification)
For furth	ner information concerning this matter, pleas	se call:
	Don Lampkins 3	21 368-2126
	Name of Person A	Area Code Daytime Telephone Number
Enclos	ed is a check for the following amount:	
	00 Filing Fee \$\frac{130.00}{20}\$ Certificate of Status	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section	Street Address New Filing Section
	Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	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:	
Big Don's BBQ LLC	
(Must end with the words "Limited Liability Com	pany, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the principal office of the Lim	nited Liability Company is:
Principal Office Address:	Mailing Address:
Tincipal Office Address.	Maining Address.

Principal Office Address:	Mailing Address:
Olich GOV	Did 80.0
25 Skyline Merritt isalnd FL, 32953	25 Skline Pagew Merritt island, FL 32953
Block	Bivd .
-	

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:

Don Lampkins		
	Name	
25 Skyline drive C	i dest	
Florida street addres	ss (P.O. Box <u>NOT</u> ac	cceptable)
Merritt Island	Fl	32953
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..

Registered Agent's Signature (REQUIRED

(CONTINUED)

Page 1 of 2

"MGR" = Manager Pres. Treasurer Don Lampkins 25 Skyline Drive Div Merritt Isalnd, Fl 32953 secretary Jenny Lampkins 25 skyline drive Div J Merritt Isalnd, Fl 32953 [Use attachment if necessary] FICLE V: Effective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days a date of filing. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list document's effective date on the Department of State's records. FICLE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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. Don Lampkins Typed or printed name of signee	<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
Signature of 4 member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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. Don Lampkins	"MGR" = Manager	Day Lawrence	
Secretary Jenny Lampkins 25 skyline drive Givd Merritt Isalnd, Fl 32953 [Use attachment if necessary) FICLE V: Effective date, if other than the date of filing:	rres. Treasurer		
(Use attachment if necessary) FICLE V: Effective date, if other than the date of filing:			
Merritt Isalnd , Fl 32953 (Use attachment if necessary) FICLE V: Effective date, if other than the date of filing:	secretary		
(Use attachment if necessary) FICLE V: Effective date, if other than the date of filing:		25 skyline arrye 15/01	
REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.		Memu Isaina, FI 32933	
REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.			
REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.			
REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.		-	
REOUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.			
REOUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.			
REOUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.			
n effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days a date of filing.) e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list document's effective date on the Department of State's records. FICLE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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. Don Lampkins	(Use attachment if necessary)		
REOUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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. Don Lampkins			
Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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. Don Lampkins	n effective date is listed, the date must be specifi late of filing.) e: If the date inserted in this block does not meet	c and cannot be more than five business days prior to or 90 c the applicable statutory filing requirements, this date will not be	
Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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. Don Lampkins	n effective date is listed, the date must be specifilate of filing.) e: If the date inserted in this block does not meet document's effective date on the Department of S	c and cannot be more than five business days prior to or 90 c the applicable statutory filing requirements, this date will not be	
Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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. Don Lampkins	n effective date is listed, the date must be specifilate of filing.) e: If the date inserted in this block does not meet document's effective date on the Department of S	c and cannot be more than five business days prior to or 90 c the applicable statutory filing requirements, this date will not be	
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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. Don Lampkins	n effective date is listed, the date must be specificate of filing.) e: If the date inserted in this block does not meet document's effective date on the Department of STICLE VI: Other provisions, if any.	c and cannot be more than five business days prior to or 90 c the applicable statutory filing requirements, this date will not be	
	n effective date is listed, the date must be specificate of filing.) e: If the date inserted in this block does not meet document's effective date on the Department of STICLE VI: Other provisions, if any.	c and cannot be more than five business days prior to or 90 c the applicable statutory filing requirements, this date will not be	
	n effective date is listed, the date must be specificate of filing.) e: If the date inserted in this block does not meet document's effective date on the Department of STICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a membor This document is executed it I am aware that any false information of the specific spe	the applicable statutory filing requirements, this date will not a tate's records. er or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes. Formation submitted in a document to the Department of State	
	n effective date is listed, the date must be specificate of filing.) e: If the date inserted in this block does not meet document's effective date on the Department of STICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a membratis document is executed if a maware that any false inficonstitutes a third degree fel	the applicable statutory filing requirements, this date will not a tate's records. er or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes. Formation submitted in a document to the Department of State ony as provided for in s.817.155, F.S.	

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)