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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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**To:**  
Division of Corporations  
Fax Number : (850) 617-6381

**From:**  
Account Name : FASTKIT CORP  
Account Number : I20100000009  
Phone : (305) 599-0839  
Fax Number : (305) 392-9591

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

**Email Address:** \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
BIG HEAD BAR B QUE LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE 1 - NAME:**

The name of the Limited Liability Company is:

**BIG HEAD BAR B QUE LLC**

(Must end with the words Limited Liability Company ☐ LLC ☐ or L.L.C.)

**ARTICLE 11 - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is

**Principal Office Address:**

**4686 49<sup>TH</sup> AVE.**

**VERO BEACH, FL 32967**

**Mailing Address:**

**4686 49<sup>TH</sup> AVE.**

**VERO BEACH, FL 32967**

**ARTICLE 111 - 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 FL registration.)

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

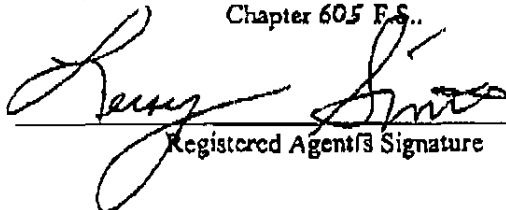
**LEROY E. SMITH**

**4686 49<sup>TH</sup> AVE.**

**VERO BEACH, FL 32967**

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 certification, 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

**ARTICLE IV - Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

**Name and Address:**

Managing Member

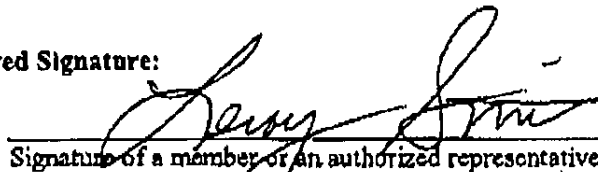
**LEROY E. SMITH  
4686 49<sup>TH</sup> AVE.  
VERO BEACH, FL 32967**

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**ARTICLE V - Effective date, if other than the date of filing: March 21<sup>st</sup> 2017**

(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.)

**Required Signature:**

  
\_\_\_\_\_  
Signature of a member or an authorized representative of a member

(In accordance with section 605.0203 Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**LEROY E. SMITH**

typed or printed name of signee