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(City/State/Zip/Phone #)	06/09/1701001003 **1600.00
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	
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Office Use Only	M. MOON JUN 0 8 2017

	INC. P.O. Box		66 East 6th Avenue. Tallahassee, Florida 32303 15-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666	
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COVER LETTER

TO: New Filing Section Division of Corporations

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BBO PAMAMA City BOACH, FI LLC SUBJECT: MISSION Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Koren C. Bremer	
	f Person
	Introns, INC
	Iress Suite 601
Clearmater, FL 3375 City/State a	A nd Zip Code
Kbremer @ property con	· · · · · · · · · · · · · · · · ·
E-mail address? (to be used for future For further information concerning this matter, please call:	
Name of Person Area Code) 726.0700 Daytime Telephone Number
Enclosed is a check for the following amount:	40 (3m) 47 (3m)
Certificate of StatusCerti	.00 Filing Fee & S160.00 Filing Fee. fied Copy nal copy is enclosed) Certificate of Status & Certified Copy (additional-copy is enclosed)
<u>Mailing Address</u> New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

m (Must contain 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:
-7750 Governor Ritchie Huy Glen Burnie MA 21601	Same
Glen Burnie, MA ZIGOI	

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:

KAREN C. Bremer Name 3000 Gulf to Bay Blud., Sute 601 Florida street address (P.O. Box NOT acceptable) 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. ری ا

gent's Signature (REQUIRED)

Pii 4: 21

(CONTINUED)

ARTICLE IV-

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

Name and Address

Title:

"AMBR" = Authorized Member	- THE ALL AMALESS
"MGR" = Manager	1750 LOVERNOR Richie Huy Den Burne, mD 21601
(Use attachment if necessary)	

_. (OPTIONAL) (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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any. for any and AU lowful purposes Business is Conducted

REOURED SIGNATURE:

William Kraus

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. 1 JUN-8 FIT 4:25 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.

William Kraus

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

