

L17000125409

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400299978934

06/09/17--01001--003 \*\*1600.00

17 JUN -8 PM 4:37  
2017 JUN -8 PM 2:49  
RECEIVED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

M. MOON  
JUN 08 2017

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

**PICK UP:** 6/8/17

**XX** CERTIFIED COPY

☐ PHOTOCOPY

**XX** CUS GS

**XX** FILING LLC

17 JUN -8 PM 4:00

RECEIVED  
JUN 8 2017  
TALLAHASSEE, FL  
CORPORATE ACCESS, INC.

1. MISSION BBQ MARKET PARTNERS OF SOUTH KENDALL, FL LLC  
(CORPORATE NAME AND DOCUMENT #)

2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## COVER LETTER

**TO: New Filing Section  
Division of Corporations**

SUBJECT: Mission BBQ Market Partners of South Kendall, FL LLC  
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:

Karen C. Bremer

Name of Person

Property Consulting Solutions, Inc  
Firm/Company

Firm/Company

3000 Gulf to Bay Blvd., Suite 601

Address

Clearwater, FL 33759

City/State and Zip Code

Kloemer@propertyconsultingsolutions.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person \_\_\_\_\_ 21. ( 727 ) 726-0700  
Area Code Daytime Telephone Number

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee & Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☒ \$160.00 Filing Fee.  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address**

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 I - Name:

The name of the Limited Liability Company is:

MISSION PBO Market Partners of South Kendall, FL LLC  
(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 Richie Hwy  
Glen Burnie, MD 21601

Same

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 Blvd., Suite 601  
Florida street address (P.O. Box **NOT** acceptable)  
Clearwater, FL 33759  
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..

[Signature]  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

17 JUN -8 PM 7:37  
RECEIVED  
CLERK OF COURT  
JULY 1, 2008

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

William Kraus  
7750 Governor Richie Hwy  
Glen Burnie, MD 21601

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

17 JUN -8 PM 4:37  
FILED  
JUN 18 2008  
CLERK OF COURT  
STATE OF FLORIDA

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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.

Business is conducted for any and all lawful purposes.

**REQUIRED SIGNATURE:**

/s/ 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.  
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 signer

**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)