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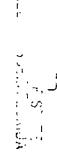
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COVER LETTER

TO: Registration Section **Division of Corporations** Florida Serves Hero's Lakeland, LLC Name of Limited Liability Company The enclosed Articles of Organization and fee(s) are submitted for tiling. Please return all correspondence concerning this matter to the following: William Leahy Name of Person Florida Serves Hero's Lakeland, LLC Firm/Company 821 Southwest 11th Street Address Ft. Lauderdale, FL 33315 City/State and Zip Code bleahy@mission-bbq.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: William Leahy Enclosed is a check for the following amount: \$130.00 Filing Fee & Certificate of Status \$125.00 Filing Fee \$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) **Mailing Address** Street/Courier Address

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration 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 Com	pany is:		
Fionda Serves Hero's Lakeland, LLC			
	e words "Limited I.	iability Company, "L	L.C.," or "LLC.")
ARTICLE II - Address:			
The mailing address and street address of	of the principal offi	ce of the Limited Lia	bility Company is:
Principal Office Address:	Mailing	Address:	
821 Southwest 11th Street		Same	
Ft. Lauderdale, Ft. 33315			
ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot another business entity with an active F	serve as its own Ri	egistered Agent, You	Signature: must designate an individual or
The name and the Florida street address	of the registered as	gent are:	
Winam Lephy			
-	Name		
821 Southwest 11th 5	Street		
Florida street ac	ddress (P.O. Box N	OT acceptable)	
Ft. Lauderda	ne_	_FL FL 33315	
	City	Zip	
Having been named as registered agent the place designated in this certificate capacity. I further agree to comply with of my duties, and I am familiar with a	t. I hereby accept the h the provisions of a nd accept the abliga	e appointment as regi ill statutes relatine to	istered agent and agree to act in this the proper and complete performance
William Leany	Supro.	Physiques by ARESH Leeby 2017 to 37 or GLOT 2500	
Registere	d Agent's Signature	(REQUIRED)	
	(CONTINUED Page 1 of 2)	

77 HOV 28 PH 2: 32

Title:	Name and Address:
"AMBR" = Authorized Member	wante and Address.
"MGR" = Manager	
MGR_	William Leahy
	821 Southwest 11th Street
	Ft Lauderdale, FL 33315
_	
	
V: Effective date, if other than the datective date is listed, the date must be sp	e of filing:
Use attachment if necessary) EV: Effective date, if other than the date tive date is listed, the date must be sp filling.) EVI: Other provisions, if any.	e of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90
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