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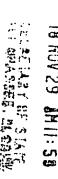
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C Kinsey

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Smokin' Aces P Name of Lim	Secol Pit BBQ LL.C. ited Liability Company
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this ma	tter to the following:
Paul and or 1	Name of Person
Smokin' Aces A	Peal Pit BBD Firm/Company
7490 NE 101, th	Terrace Address
_	ty/State and Zip Code © Gmail. Com for future annual report notification)
For further information concerning this matter, please	call:
(252 317-7703 ea Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	Street Address
New Filing Section Division of Corporations	New Filing Section Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	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:	
(Must contain the words "Limited Liability C	Company, "L.L.C.," or "LI.C.")
ARTICLE II - Address: The mailing address and street address of the principal office of th	e Limited Liability Company is:
Principal Office Address:	Mailing Address:
7490 NE IDIOM Terr. Bronson, FL 32621	Bronson FL 32621
ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registere another business entity with an active Florida registration.)	d Agent. You must designate an individual or 📜 💍
The name and the Florida street address of the registered agent are	三
Paul Johns Name	MII:58
7490 NE 1010 Florida street address (P.O. Bo	ox NOT acceptable)
Bronson FL	32621
City Stat	e Zip
daving been named as registered agent and to accept service of proc	

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)

ARTICLE IV-

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

<u>Title:</u>		Name and Address:	
"AMBR" = Authoriz "MGR" = Manager	ed Member		
MCR - Manager		Paul Johnson	
	_	THAD WE IDION TELL	<u></u>
		Bronson FL 32105	31
mGR		Light Telesens	
_11.101		7490 NE IDION TECK	
		Pronson FL 3262	1
			
	<u></u>		
			
(Use attachment if no	eessarv)		
te of filing.) If the date inserted in the	he date must be specific a	g: January 1 5 2019. (OPT nd cannot be more than five business days applicable statutory filing requirements, the seconds.	prior to or 90 days
effective date is listed, t te of filing.) If the date inserted in the	he date must be specific and a speci	e applicable statutory filing requirements, the	prior to or 90 days
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