

6/24/2019

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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 : ASAP LAW, PLLC  
Account Number : 120190000038  
Phone : (407)461-9885  
Fax Number : (407)641-8159

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

Email Address: mylmorton@asaptaxandaccounting.com

# FLORIDA LIMITED LIABILITY CO.

## Mr. B's Real Southern Cooking, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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Corporate Filing Menu

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JUN 26 2019

## COVER LETTER

1119000196279

19 JUN 25 AM 11:00

TO: New Filing Section  
Division of Corporations

SUBJECT: Mr. B's Real Southern Cooking, 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:

Mylika Morton, CPA, Esq.

Name of Person

ASAP Law, PLLC

Firm/Company

1675 Lakemont Ave #107

Address

Orlando, FL 32814

City/State and Zip Code

mymorton@asaptaxandaccounting.com

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

For further information concerning this matter, please call:

Mylika Morton

407

461-9885

or (

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

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

RECEIVED  
19 JUN 25 AM 11:01

## ARTICLE I - Name:

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The name of the Limited Liability Company is:

Mr. B's Real Southern Cooking, 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:18505 North US Hwy 441  
Reddick, FL 326864700 Millenia Blvd Suite 175  
Orlando, FL 32839

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

Bruce Batts

Name

4700 Millenia Blvd Suite 175Florida street address (P.O. Box **NOT** acceptable)OrlandoFL32839

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.

Bruce W. Batts  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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19 JUN 25 4:11:01

**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:**

Bruce W Batts, Esq.

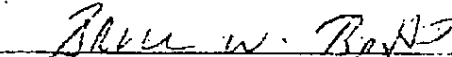
4700 Millenia Blvd Suite 175

Orlando, FL 32839

(Use attachment if necessary)

**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.**REQUIRED SIGNATURE:**

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.

Bruce W. Batts

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)

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