

To: 18500076381 From: 1247173181 Date: 08/15/19 Time: 9:26 AM Page: 01/03  
 8/15/2019  
**L190000204204**

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

2019 AUG 15 PM 1:01

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000243481 3)))



H190002434813ABC%

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.** Doing so will generate another cover sheet.

**To:**  
 Division of Corporations  
 Fax Number : (850)617-6381

**From:**  
 Account Name : LEGALINC CORPORATE SERVICES INC.  
 Account Number : I20180000011  
 Phone : (844)386-0178  
 Fax Number : (214)317-4754

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

**Email Address:** \_\_\_\_\_

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 19 AUG 15 PM 3:03

**FLORIDA LIMITED LIABILITY CO.**  
**Mac's Hot Peppers LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

**C RICO**  
**AUG 15 2019**

((H19000243481 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Mac's Hot Peppers 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:

4110 Tall Tree Lane  
Saint Augustine, FL 32086

4110 Tall Tree Lane  
Saint Augustine, FL 32086

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:

Richard B. MacMullen  
Name

4110 Tall Tree Lane  
Florida street address (P.O. Box NOT acceptable)

Saint Augustine FL 32086  
City State Zip

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
19 AUG 15 PM 3:03

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.

Richard B. MacMullen  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

