Division of Corporations Electronic Filing Cover Sheet L.M. 192 15 PH 1101

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To:

Division of Corporations

Fax Number : (850)617-6381

Prom:

Account Name : LEGALING CORPORATE SERVICES INC.

Account Number : I20180000011 Phone : (844)386-0178

: (214)317-4754 Fax Number

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

Email Address:

## FLORIDA LIMITED LIABILITY CO.

## Mac's Hot Peppers LLC

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

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Help

To: 18506176381 From: 12147128131

Date: 08/15/19 Time: 9:26 AM Page: 02/03

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	bility Company is:				
Mac's Hot Peppe	rs LLC				
(Must	contain the words "Limited Liabi	lity Company, "L	L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and stre	ect address of the principal office	of the Limited Li	bility Company is:		
<u>Pri</u>	ncipal Office Address:		Mailing Address:		
4110 Tall Tree I Saint Augustine,	<del>,</del>		all Tree Lanc ugustine, FL 32086	<del></del>	
(The Limited Liability Comp	l Agent, Registered Office, & Repany cannot serve as its own Reginal active Florida registration.)	egistered Agent': istered Agent. Yo	Signature: a must designate an individual or	19 AUG	SUME
	reet address of the registered age.	nt arc:		15	CRETARY
	reet address of the registered age	nt are:			CHE LARY OF
	reet address of the registered age	inc	ptable)	15	CRETARY OF STATE

Having been named as registered agent and to accept service of process for the above stated limited liability company of 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 (REOUIRED)

(CONTINUED)

To: 18506176381 From: 12147128131 Date: 08/15/19 Time: 9:26 AM Page: 03/03

(((H19000243481 3)))

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" - Manager	
AMBR	Richard B. MacMullen
	4110 Tall Tree Lane Saint Augustine, FL 32086
	Saint Augustine, FE 52000
AMBR	Richard J. MacMullen
	113 Kent Estate Rd.
	Elkton, FL 32033
	· · · · · · · · · · · · · · · · · · ·
TLE V: Effective dute, if other than the	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 9
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

5 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)