

L19000278554

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

11/04/18--01002--015 160.00

11/22/19

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Southern Queens Eatery 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:

Razzi Smith

Name of Person

Southern Queens Eatery LLC

Firm/Company

PO Box 236

Address

Middleburg, FL 32050

City/State and Zip Code

southernqueensllc@gmail.com

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

For further information concerning this matter, please call:

Razzi Smith 904 666-3085
Name of Person at () Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - Name:

The name of the Limited Liability Company is:

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Southern Queens Eatery LLCSECRETARY OF STATE
TALLAHASSEE, FL

(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:**450 Kay RoadPO Box 236Middleburg, FL 32068Middleburg, FL 32050**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:

Razzi Smith

Name

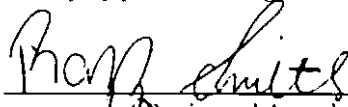
450 Kay RoadFlorida street address (P.O. Box **NOT** acceptable)Middleburg, FL 32068

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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Executive Officer

Name and Address:

Razzi Smith

450 Kay Road

Middleburg, FL 32068

Financial Officer

Patrice Smith

450 Kay Road

Middleburg, FL 32068

Communications Officer

Rajzieta Smith

450 Kay Road

Middleburg, FL 32068

Culinary Officer

Angel Gibbs

450 Kay Road

Middleburg, FL 32068

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 01 January 2020 (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.

Razzi Smith

Typed or printed name of signee

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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TALLAHASSEE, FL

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ARTICLE IV
Attachment

Title	Name and Address
Operations Officer	Julius Smith 450 Kay Road Middleburg, FL 32068
Manager	Rakesh Smith 450 Kay Road Middleburg, FL 32068

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TALLAHASSEE, FL