## 19000305038

(Requestor's Name)					
(Address)					
(Ad	dress)				
(Cit	y/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					

Office Use Only



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10/09/18--01009--012 \*\*130.00



October 22, 2019

MELINDA WHITEHEAD 5104 N LOCKWOOD RIDGE RD SUITE 103 SARASOTA, FL 34235 US

SUBJECT: M & M BBQ AND SOUL FOOD LLC

Ref. Number: W19000093644

We have received your document for M & M BBQ AND SOUL FOOD LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 219A00021798

Jalesa S Dennis Regulatory Specialist II

## COVER LETTER

74 -

	Sew Filing Section Division of Corporations				
	M & M BBQ and Soul Food LLC				
Name of Limited Liability Company					
The enclo	sed Articles of Organization and fee(s) are submitted for filing.				
Please reti	urn all correspondence concerning this matter to the following:				
	Melinda Whitehead				
	Name of Person				
	Thankful Professional Services				
	Firm/Company				
	5104 N Lockwood Ridge Rd Suite 103				
	Address				
Sarasota Florida 34235					
	City/State and Zip Code Whiteheadbc@gmail.com				
	E-mail address: (to be used for future annual report notification)				
For further	information concerning this matter, please call:				
	Melinda Whitehead 941 320-4569				
	Name of Person Area Code Daytime Telephone Number				
Enclosed	is a check for the following amount:				
\$125.00 I	Filing Fee \$\sum \text{\$130.00 Filing Fee & Certificate of Status}\$\text{\$\$155.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)}\$				
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301				

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability	Company is:			
	M & M BBQ an	d Soul Food LLC		
(Must contai	n the words "Limited L	iability Company, "L	.L.C" or "LLC.")	
ARTICLE II - Address:				
The mailing address and street add	lress of the principal of	fice of the Limited Lis	ability Company is:	
Principal Office Address:			Mailing Address:	
780 Dedication Ct			780 Dedication Ct	
Nokomis Fir	orida 34275		Nokomis Florida 34275	
(The Limited Liability Company c another business entity with an ac			u must designate an marvidual of	
The name and the Florida street ac	-		•	
The name and the Florida street ac	ddress of the registered		•	
The name and the Florida street ac	ddress of the registered	agent are:		
The name and the Florida street ac	ldress of the registered	agent are: Melinda Whitehead		
The name and the Florida street ac	ldress of the registered	agent are: Melinda Whitenead Name  ookwood Ridge Rd Suite	103	
The name and the Florida street ac	Idress of the registered	agent are: Melinda Whitenead Name  ookwood Ridge Rd Suite	103	

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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

<u>Tid</u> "AN	u fBR" = Authorized N	dember	Name and Address:		
"MC	iR" = Manager				
President			Marissa Williams		
			780 Dedication Ct Nokomis Florida 34275		
	<del></del>				
			<del></del>		
			<del></del>		
(Use	attachment if necess	arv)			
(If an effective the date of fili <u>Note:</u> If the 6	e date is listed, the d ng.) late inserted in this b	ate must be specific and	pplicable statutory filing requ	. (OPTIONAL) isiness days prior to or 90 days after irements, this date will not be listed as	
ARTICLE VI	: Other provisions, if	any.			
REO	<u>UIRED</u> SIGNATU	RE:			
	ma	isseillille	1,001)		
	Sig This doct Lam awai	nature of a member or a ament is executed in according to the any false information.	an authorized representativordance with section 605,020 ion submitted in a document to provided for m s.817,155, F.	3 (1) (b), Florida Statutes, o the Department of State	
	7	CILITY JULIA	or printed name of signee	<del></del>	

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

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)