

L20000286 SS

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

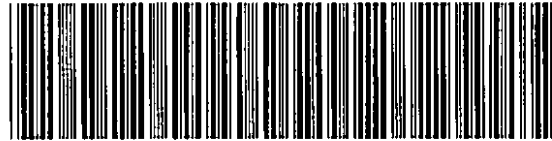
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/10/2010 10:22:00 1150.00

Derrick Thompson

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: BORICUA BROTHER'S BBQ
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:

VICTOR GASCOT

Name of Person

BORICUA BROTHER'S BBQ

Firm/Company

413 ALAFAYA WOODS BLVD APT C

Address

ONIEDO FL 32765

City/State and Zip Code

BORICUABROSBBQ@GMAIL.COM

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

For further information concerning this matter, please call:

VICTOR GASCOT at (347) 482 8864

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BORICUA BROTHER'S BBQ 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:

413 ALAFAYA WOODS BLVD APT C
ORLANDO FL 32765

SAME

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:

JASON M. RIVERA

Name

413 ALAFAYA WOODS BLVD APT C

Florida street address (P.O. Box **NOT** acceptable)

ORLANDO FL 32765

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.

[Signature]
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

MGR

Name and Address:

VICTOR GASCOT
4113 ALAFAYA WOODS BLVD APT C
ORLANDO FL 32765

MGR

NATALIA RIVERA
4113 ALAFAYA WOODS BLVD APT C
ORLANDO FL 32765

(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.

VICTOR GASCOT

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)

State of Florida
 Department of Business and Professional Regulation
Military Member/Veteran/Spouse Fee Waiver and Military Service Verification
 Form # DBPR MVL 002

General Information

Military Veteran/Spouse Full Fee Waiver Request – Within 60 Months of Honorable Discharge

This form may be used by veterans returning from service, or the spouse of a veteran, to request a waiver of fees. The initial license fee, initial application fee and initial unlicensed activity fee will be waived for veterans returning from service, or the spouse of a veteran at the time of discharge, provided the veteran or spouse applies for licensure within 60 months of being honorably discharged. This waiver does not include examination fees. This waiver request is subject to approval by the Department of Business and Professional Regulation. **This form should be attached to your application for licensure.**

Active Military Member/Veteran/Spouse Licensing Fee Waiver Request

This form may be used by any individual that is currently serving, or has formerly served, as an active duty member of the Armed Forces of the United States, or a spouse or surviving spouse of such member who was married to the member during a period of active duty, to request a waiver of the initial licensure fee. This waiver only applies to the licensing fee; other fees including application and unlicensed activity fees are still due at time of application. This waiver request is subject to approval by the Department of Business and Professional Regulation. **This form should be attached to your application for licensure.**

Military Service Experience Verification – Construction or Electrical Applicants ONLY

This application is for any veteran honorably discharged applying for a construction or electrical contractor's license to establish their years of military service for licensure purposes. **This form should be attached to your construction or electrical application for licensure. Please note, you will be required to demonstrate the necessary experience on your application for licensure as a construction or electrical contractor.**

APPLICATION CHECKLIST – IMPORTANT – Submit all items on the checklist below with your application to ensure faster processing.

APPLICATION	APPLICATION REQUIREMENTS
Military Veteran/Spouse Full Fee Waiver Request	<input checked="" type="checkbox"/> Complete all portions of this application. <input checked="" type="checkbox"/> Provide a DD-214 or NGB-22 showing an honorable discharge within 60 months of application date. <input type="checkbox"/> Submit this form with your application for licensure. <input type="checkbox"/> Spouses must also provide a copy of your marriage certificate to the military service member.
Active Military Member/Veteran/Spouse/Surviving Spouse Licensing Fee Waiver Request	<input type="checkbox"/> Complete all portions of this application. <input type="checkbox"/> Provide a DD-214, NGB-22, DD-1300 or copy of military orders. <input type="checkbox"/> Submit this form with your application for licensure. <input type="checkbox"/> Spouses and Surviving Spouses must also provide a copy of your marriage certificate to the military service member.
Military Service Experience Verification	<input type="checkbox"/> Complete all portions of this application. <input type="checkbox"/> Provide a DD-214 or NGB-22 showing an honorable discharge. <input type="checkbox"/> Submit this form with your application for licensure.

Please mail your completed application and documentation to:

Department of Business and Professional Regulation
 2601 Blair Stone Road
 Tallahassee, FL 32399-0783

Instructions

If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at 850.487.1395.

1. Application Instructions (by Section)**a. Section I – Applicant Information.**

- i. Fill out each section completely. A Social Security number is required in order to apply for any individual license within the Department of Business and Professional Regulation.
- ii. Provide the type of licensure you are applying for. This form should be submitted with your application for licensure.
- iii. In the Full Legal Name section, applicants must use the name as it appears on his or her social security card. Do not use any nicknames or initials.
- iv. Provide your mailing address and email. This will be used for sending correspondence regarding your application and license.
- v. Contact information is often used to quickly resolve questions with applications by telephone call or email. If contact information is not provided, questions regarding applications will be mailed to the applicant's mailing address and may take longer to resolve.

b. Section II – Fee Waiver Requirements

- i. Select one option that correctly indicates your eligibility for the fee waiver. Submit the supporting documentation requested in the option selected.
- ii. **NOTE:** If both the military member/veteran and spouse are applying for licensure, you must each submit a separate fee waiver request form with your applications for licensure.

c. Section III – Military Service Verification – Construction or Electrical Applicants ONLY

- i. Check this box if you are applying for a construction or electrical contractor's license and wish to establish your years of military service for licensure purposes.

d. Section IV – Affirmation by Written Declaration

- i. Applicant must sign the Affirmation by Written Declaration.
- ii. If the applicant fails to sign the affirmation statement, the Department will not process the application.

State of Florida
Department of Business and Professional Regulation
Military Member/Veteran/Spouse Fee Waiver and Military Service Verification
Form # DBPR MVL 002

If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center at **850.487.1395**.
For additional information see the instructions at the beginning of this application.

Section I – Applicant Information

PERSONAL INFORMATION			
Social Security Number* 15 78 6010		License Applying For: LLC	
Last/Surname GASCOT	First VICTOR	Middle	Suffix
Birth Date (MM/DD/YYYY) 06/18/1987		Gender <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	
Email Address: VICTOR.GASCOT618@GMAIL		Phone Number: 347 482 8864	
Alternate Email Address: USN2FINEST@ATTN100		Alternate Phone Number: 407 432 8517	
MAILING ADDRESS			
Street Address or P.O. Box 413 ALAFAMA WOODS BLVD APT C			
City ONIEDU		State FL	Zip Code 32765
County (if Florida address) SEMINOLE		Country USA	

* The disclosure of your Social Security number is mandatory on all professional and occupational license applications, is solicited by the authority granted by 42 U.S.C. §§ 653 and 654, and will be used by the Department of Business and Professional Regulation pursuant to §§ 409.2577, 409.2598, 455.203(9), and 559.79(3), Florida Statutes, for the efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. It is also required by § 559.79(1), Florida Statutes, for determining eligibility for licensure and mandated by the authority granted by 42 U.S.C. § 405(c)(2)(C)(i), to be used by the Department of Business and Professional Regulation to identify licensees for tax administration purposes.

Section II – Fee Waiver Requirements

FEE WAIVER REQUIREMENTS (Select one option below.)	
<input checked="" type="checkbox"/>	I have served in a branch of the United States Armed Forces, including National Guard units, and have been honorably discharged in the past 60 months prior to the date of application. Submit a copy of your DD-214 or NGB-22.
<input type="checkbox"/>	I am/was the spouse of a veteran (at the time of discharge) who has served in a branch of the United States Armed Forces, including National Guard units, and has been honorably discharged in the past 60 months prior to the date of application. Submit a copy of your marriage certificate to the military service member and a copy of your spouse's DD-214 or NGB-22.
<input type="checkbox"/>	I am currently serving on active duty in a branch of the United States Armed Forces. Submit a copy of your military orders.
<input type="checkbox"/>	I have served on active duty in a branch of the United States Armed Forces. Submit a copy of your DD-214 or NGB-22.
<input type="checkbox"/>	I am the spouse/surviving spouse of a member of the United States Armed Forces who was married to the member during a period of active duty. Submit a copy of your marriage certificate to the military service member and a copy of your spouse's military orders, DD-214, NGB-22 or DD-1300.

Section III – Military Service Verification – Construction or Electrical Applicants ONLY.**MILITARY SERVICE VERIFICATION**

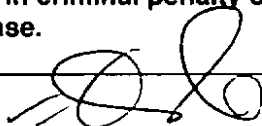
- ☐ I have served in a branch of the United States Armed Forces, including National Guard units, and request recognition of my military experience, training or education for electrical licensure purposes, or military years of service for construction licensure purposes.

Please note, you will be required to demonstrate the necessary experience on your application for licensure as a construction or electrical contractor.

Section IV – Affirmation By Written Declaration**AFFIRMATION BY WRITTEN DECLARATION**

I certify that I am empowered to execute this application as required by Section 559.79, Florida Statutes. I understand that my signature on this written declaration has the same legal effect as an oath or affirmation. Under penalties of perjury, I declare that I have read the foregoing application and the facts stated in it are true. **I understand that falsification of any material information on this application may result in criminal penalty or administrative action, including a fine, suspension or revocation of the license.**

Signature:



Date:

08/12/20

Print Name:

Victor P. Gascot

CAUTION: NOT TO BE USED FOR
IDENTIFICATION PURPOSES

THIS IS AN IMPORTANT RECORD.
SAFEGUARD IT.

ANY ALTERATIONS IN SHADED AREAS
RENDER FORM VOID

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

This Report Contains Information Subject to the Privacy Act of 1974, As Amended

1. NAME (Last, First, Middle) GASCOT, VICTOR "NMN"		2. DEPARTMENT, COMPONENT AND BRANCH NAVY-USN		3. SOCIAL SECURITY NUMBER [REDACTED]		
4a. GRADE, RATE OR RANK AO1	b. PAY GRADE E6	5. DATE OF BIRTH (YYYYMMDD) [REDACTED]	6. RESERVE OBLIGATION TERMINATION DATE (YYYYMMDD) NA			
7a. PLACE OF ENTRY INTO ACTIVE DUTY BROOKLYN NY		b. HOME OF RECORD AT TIME OF ENTRY (City and State, or complete address if known) 58 CHESTNUT ST BROOKLYN NY				
8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND NAVCRUITDIST NEW YORK NY			b. STATION WHERE SEPARATED PERSUPPDET NEW LONDON			
9. COMMAND TO WHICH TRANSFERRED NA			10. SGLI COVERAGE <input type="checkbox"/> NONE AMOUNT: \$400,000			
11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years) E23A E23A - II-60 SYSTEMS ORGANIZATIONAL CAREER MAINTENANCE TECHNICIAN 7YRS 2MOS X X 803R 803R - NAVY RECRUITER CANVASSEER 2YRS 2MOS X X X X X X X X X X X X X X X X X		12. RECORD OF SERVICE		YEAR(S)	MONTH(S)	DAY(S)
		a. DATE ENTERED AD THIS PERIOD		2005	10	06
		b. SEPARATION DATE THIS PERIOD		2018	10	12
		c. NET ACTIVE SERVICES THIS PERIOD		13	00	07
		d. TOTAL PRIOR ACTIVE SERVICE		00	00	00
		e. TOTAL PRIOR INACTIVE SERVICE		00	00	00
		f. FOREIGN SERVICE		00	00	00
		g. SEA SERVICE		05	08	00
h. INITIAL ENTRY TRAINING		00	06	21		
i. EFFECTIVE DATE OF PAY GRADE		2011	12	16		
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) GW-TERRORISM EXPEDITIONARY (1);GW-TERRORISM SERVICE MEDAL (1);GOOD CONDUCT MEDAL ACTIVE (4);NATIONAL DEFENSE SERVICE MEDAL (1);NAVY "E" RIBBON (1);NAVY/MC ACHIEVEMENT MEDAL (3);NAVY/MC COMMENDATION "SEE REMARKS"		14. MILITARY EDUCATION (Course title, number of weeks and month and year completed) AVIATION FUNDAMENTALS, 2 WKS, JAN06; AO APPRENTICE TECHNICAL TRN, 2 WKS, JAN06; AO, 5 WKS, FEB06; AO NAVY DIFF, 3 WKS, MAR06; AVIA MAINT MGMT PROCESS BRIEF, 1 WKS, JUN06; SAFETY PROGRAMS AFLOAT, 1 WKS, APR10; H "SEE REMARKS"				
15a. COMMISSIONED THROUGH SERVICE ACADEMY		YES	<input checked="" type="checkbox"/>	NO		
b. COMMISSIONED THROUGH ROTC SCHOLARSHIP (10 USC Sec. 2107b)		YES	<input checked="" type="checkbox"/>	NO		
c. ENLISTED UNDER LOAN REPAYMENT PROGRAM (10 USC Chap. 104) (If yes, type of commitment)		YES	<input checked="" type="checkbox"/>	NO		
16. DAYS ACCRUED LEAVE PAID 19.5	17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION		YES	NO		
18. REMARKS SERIAL NUMBER: N2018101200047-0; TRANSACTION CODE: A;"IN SUPPORT OF IRAQI FREEDOM THEATER FROM 07 JUL 16 TO 08 JUN 15." X X X X X X X X X X "IN SUPPORT OF OPERATION ENDURING FREEDOM FROM 07 JUL 16 TO 07 JUN 15."; PASS NOT ADVANCED (PNA): -AOC, PASS, FMS - 165.02 2018 01 18.; X X X X X X X X BLK 13 CONTE MEDAL (1);RECRUITING GOLD WREATH (9);SEA SERVICE DEPLOYMENT RIBBON (3);ENLISTED The information contained herein is subject to computer matching within the Department of Defense or with any other affected Federal or non-Federal agency for verification purposes and to determine eligibility for, and/or continued compliance with, the requirements of a Federal benefit program.						
19a. MAILING ADDRESS AFTER SEPARATION (Include ZIP Code) 2199 ANGELCREEK CT JACKSONVILLE FL 32221		b. NEAREST RELATIVE (Name and address - include ZIP Code) GASCOT,VICTOR 58 CHESTNUT ST BROOKLYN NY 11208				
20. MEMBER REQUESTS COPY 6 BE SENT TO (Specify state/locality) NY		OFFICE OF VETERANS AFFAIRS		<input checked="" type="checkbox"/>	YES	NO
a. MEMBER REQUESTS COPY 3 BE SENT TO THE CENTRAL OFFICE OF THE DEPARTMENT OF VETERANS AFFAIRS (WASHINGTON, DC)				<input checked="" type="checkbox"/>	YES	NO
21a. MEMBER SIGNATURE Signature Unattainable	b. DATE (YYYYMMDD) 20181018	22a. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title, signature) PARKS ROSANNA,EDITH,101363368N Authorizing Official		b. DATE (YYYYMMDD) 20181018		

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)		
23. TYPE OF SEPARATION Discharged		24. CHARACTER OF SERVICE (Include upgrades) UNDER HONORABLE CONDITIONS (GENERAL)
25. SEPARATION AUTHORITY MILPERSMAN 1910-146	26. SEPARATION CODE GKK	27. REENTRY CODE RE-4
28. NARRATIVE REASON FOR SEPARATION MISCONDUCT - DRUG ABUSE		
29. DATES OF TIME LOST DURING THIS PERIOD (YYYYMMDD) TL - NONE		30. MEMBER REQUESTS COPY 4 (Initials) VG

ANY ALTERATIONS IN SHADED AREAS
RENDER FORM VOID

This Report Contains Information Subject to the Privacy Act of 1974, As Amended

(Specify the item number of the block continued for each entry)

MEMBER - 4