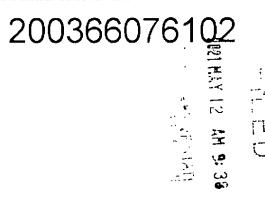
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(Reque	stor's Name)
Addres	ss)
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'City/Sti	ate/Zip/Phone #)
- BIOMAR	WAIT MAIL
Eusine	ess Entity Name)
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Certified Copies	Certificates of Status
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Special Instructions to Filin	ig Officer

Office Use Only





05/13/31~-01005--016 ++320.00

## CORPORATE ACCESS, \_\_\_\_

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

		W	ALK IN	
		PICK UP:	5/12/21 Glinda	_
xx	CERTIFIED COR	РҮ		
	РНОТОСОРУ			
X	CUS			
xx	FILING	LLC		
1.	MISSION BBQ NAI	PLES, FL LLC DOCUMENT #)		
2.	(CORPORATE NAME AND	DOCUMENT #)		
3.	(CORPORATE NAME AND	DOCUMENT #)		
4.	(CORPORATE NAME AND	DOCUMENT #)		2821 ří., Y 1-2
5.				· · · · · · · · · · · · · · · · · · ·
6.	(CORPORATE NAME AND	DOCUMENT #)		
	(CORPORATE NAME AND	DOCUMENT #)		
SPECIA INSTRU	L ICTIONS:			

COVER LETTER	
TO: Registration Section Division of Corporations	
SUBJECT: Mission BBQ Naples, FL 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:	125
Beth Graves	2021 KEY 12
Name of Person	12
Property Consulting & Solutions, Inc.	T.
Firm/Company	
510 Vonderburg Drive, Suite 100	်္က ယူ
Address	
Brandon, FL 33511	
City/State and Zip Code  Bgraves@propertyconsultingsolutions.com  E-mail address: (to be used for future annual report notification)	<del></del>
For further information concerning this matter, please call:	
Beth Graves 727 726-0700	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:  \$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S160.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}	us &

Mailing Address
Registration Section Division of Corporations P.O. Box 6327

. ;

Street/Courier Address Registration Section Division of Corporations Clifton Building

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Mission BBO Naples, FL LLC		
(Must end with the wor	ords "Limited Liability Company, "L.L.C.	." or "LLC.")
ARTICLE II - Address:		
The mailing address and street address of the	e principal office of the Limited Liability	Company is:
Principal Office Address:	Mailing Address;	
7750 Governor Ritchie Hwy.	Same	
Glen Burnie, MD 21061		
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve another business entity with an active Florid	ve as its own Registered Agent. You must da registration.)	t designate an individual or
The name and the Florida street address of th	he registered agent are:	
Karen Bremer		
-	Name	<del></del>
510 Vonderburg Drive, Suit	ste 100	
<del></del>	ess (P.O. Box NOT acceptable)	
Brangon	m El 22544	
City	<u>FL FL 33511</u> ty Zip	_
•	•	
Having been named as registered agent and the place designated in this certificate. The capacity. I further agree to comply with the	hereby accept the appointment as registere e provisions of all statutes relating to the p	ed agent and agree to act in this proper and complete performance
of my duties, and I am familiar with and ac	eccept the obligations of my position as reg Chapter 605, F.S.	gistered agent as provided for in
of my duties, and I am familiar with and ac Karen Bremer		gistered agent as provided for in
of my duties, and I am familiar with and ac Karen Bremer	Chapter 605, F.S.	zistered agent as provided for in
of my duties, and I am familiar with and ac Karen Bremer	Chapter 605, F.S.	gistered agent as provided for in
of my duties, and I am familiar with and ac Keren Bremer Registered Ag	Chapter 605, F.S.	gistered agent as provided for in
of my duties, and I am familiar with and ac Keren Bremer Registered Ag	Chapter 605, F.S.  Gentle Strate Company  gent's Signature (REQUIRED)  (CONTINUED)	gistered agent as provided for in
of my duties, and I am familiar with and ac <u>Karan Bremer</u> Registered Ag	Chapter 605, F.S.	gistered agent as provided for in
of my duties, and I am familiar with and ac <u>Karan Bremer</u> Registered Ag	Chapter 605, F.S.  Gentle Strate Company  gent's Signature (REQUIRED)  (CONTINUED)	gistered agent as provided for in

	Title: "AMBR" = Authorized Member		Name and Address:		
	"MGR" = Manager MGR		Mission BBQ Management, LLC		
		•	7750 Governor Ritchie Hwy.		
			Glen Burnie, MD 21061		
	MGR		W4liam Leahy		
		•	621 SW Bin Ave.	-	
			Ft. Lauderdale, FL 33315	<del></del>	
		•			
		•			
	(Use attachment if nece	ssary)			
(If an ef	LE V: Effective date, if o fective date is listed, the of filing.)	ther than the date of filing: date must be specific and	. (OP	FIONAL) s prior to or 90 days afte	
ARTICI	LE VI: Other provisions,	if any.			
	REQUIRED SIGNAT	URE:			
	(In accorda constitutes I am award	nce with section 605.0203 an affirmation under the partition that any false information	an authorized representative of a men (1) (b), Florida Statutes, the execution openalties of perjury that the facts stated his submitted in a document to the Department of the Negative Control of th	f this document erein are true.	

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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