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Ssc 6/17/21

ARTICLE IV-

Title:

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

Title: "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager			
MGR	William Tercheck III		
HOIC	9522 N Highland Ave		
	Tampa,Fl 33612		
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Lia	ability Company is:		
Billy's Barefoot		<u>-</u> -	
(Must	contain the words "Limited	l Liability Cor	npany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and stre	eet address of the principal	office of the L	Limited Liability Company is:
<u>Pri</u>	ncipal Office Address:		Mailing Address:
9522 N Highland	l Ave Tampa,fl 33612		9522 N Highland Ave Tampa,Fl 33612
The name and the Florida str	William Tercheck II	-	
		Name	
	9522 N Highland Av		
	Florida street addres	ss (P.O. Box I	NOT acceptable)
	Tampa	Fl	33612
	City	State	Zip
place designated in this certific further agree to comply with th	cate, I hereby accept the app ie provisions of all statutes r	ointment as re relating to the	for the above stated limited liability company at the egistered agent and agree to act in this capacity. I proper and complete performance of my duties, and agent as provided for the Chapter 605, F.S
/			
(/	(1 	Lord	
	Regist	tered Agent's	Signature (REQUIRED)

(CONTINUED)

2021 MAY -8 FA 2: 6.

COVER LETTER

	New Filing Section Division of Corporations	
SUBJEC	Billy's Barefoot BBQ	
	Name of Limited Liability Company	<u> </u>
The enclo	osed Articles of Organization and fee(s) are submitted for filing.	
Please ret	turn all correspondence concerning this matter to the following:	
	William L Tercheck III	
	Name of Person	
	Billy's Barefoot BBQ	
	Firm/Company	
	9522 N Highland Ave	
	Address	
	Tampa FI 33612	
	City/State and Zip Code BillysbarefootBBQ@Gmail.com	
	E-mail address: (to be used for future annual report notification)	
For further i	information concerning this matter, please call:	
	William Tercheck III 813 299-6425	
	Name of Person Area Code Daytime Telephone Number	_
	is a check for the following amount: O Filing Fee \$\sum \frac{1}{2}\$130.00 Filing Fee & \$\frac{1}{2}\$\$155.00 Filing Fee & \$\sum \frac{1}{2}\$\$160.0	
125.00 11/17P	Certificate of Status Certified Copy Certifica	0 Filing Fee, te of Status & Copy
	(additional	Copy copy is enclosed)
	Mailing AddressStreet AddressNew Filing SectionNew Filing Section DivisionDivision of CorporationsThe Centre of TallahasseeP.O. Box 63272415 N. Monroe Street Suite 810	MAY -8
	P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	· · · · · · · · · · · · · · · · · · ·

ARTICLE IV-

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

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	William Tercheck III
	9522 N Highland Ave
	Tampa,Fl 33612
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(Use attachment if necessary)	
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Billy's Barefoot BBQ LLC	
(Must contain the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of	f the Limited Liability Company is:
Principal Office Address:	Mailing Address:
9522 N Highland Ave Tampa,fl 33612	9522 N Highland Ave Tampa.Fl 33612
ARTICLE III - Registered Agent, Registered Office, & Reg (The Limited Liability Company cannot serve as its own Regist another business entity with an active Florida registration.)	gistered Agent's Signature: tered Agent. You must designate an individual or
The name and the Florida street address of the registered agent	are:

William Tercheck II	<u>I</u>	
	Name	
9522 N Highland Av	re	
Florida street addres	ss (P.O. Box <u>NOT</u> a	cceptable)
Tampa	Fl	33612
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)

2021 MAY -8 PM 2: Cu