

L22 000 138690

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

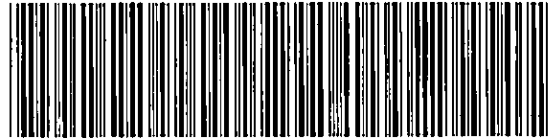
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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03/31/22--01001--030 \*\*480.00

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2022 MAR 31 AM 11:30

2022 APR -4 AM 9:29

ALLAHASSEE, FL

SECRETARY OF STATE  
TALLAHASSEE, FL

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

160

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

**PICK UP:** 3/31 DANNY

**XX CERTIFIED COPY** \_\_\_\_\_

**PHOTOCOPY** \_\_\_\_\_

**XX CUS** **GS** \_\_\_\_\_

**XX FILING** **LLC** \_\_\_\_\_

1. **MISSION BBQ RIVERVIEW, FL LLC**  
(CORPORATE NAME AND DOCUMENT #)

2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Mission BBQ Riveview, 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:

Beth Graves

Name of Person

Property Consulting & Solutions, Inc.

Firm/Company

510 Vonderburg Drive, Suite 100

Address

Brandon, FL 33511

City/State and Zip Code

Bgraves@propertyconsultingsolutions.com

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

For further information concerning this matter, please call:

Beth Graves

at

727

726-0700

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

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street/Courier Address

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 4, 2022

CORPORATE ACCESS

SUBJECT: MISSION BBQ RIVERVIEW, FL LLC  
Ref. Number: W22000043667

*Corrected*

We have received your document for MISSION BBQ RIVERVIEW, FL LLC and your check(s) totaling \$480.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The city in Registered Agents address not legible.

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.

Neysa Culligan  
Regulatory Specialist III

Letter Number: 422A00007721

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2022 APR -4 PM 4:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

COVER LETTER

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City/State and Zip Code

Bgraves@propertyconsultingsolutions.com

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

For further information concerning this matter, please call:

Beth Graves

Name of Person

at ( 727 ) 726-0700

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**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY 2022 APR -4 AM 9: 29

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

SECRETARY OF STATE  
TALLAHASSEE, FL

Mission BBQ Riverview, FL LLC

(Must end with 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:**

7750 Governor Ritchie Hwy.

Same

Glen Burnie, MD 21061

**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:

Karen Bremer

Name

510 Vanderbilt Drive, Suite 100

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

Brandon (Brandon)

FL FL 33511

City

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..*

Karen Bremer

Digitally signed by Karen Bremer  
Date: 2022.04.04 09:29:12 -0400

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

MGR

**Name and Address:**

Mission BBQ Management, LLC

7750 Governor Richie Hwy.

Glen Burnie, MD 21061

William Leany

821 Southwest 11th St.

Ft. Lauderdale, FL 33315

SECRETARY OF STATE  
TALLAHASSEE, FL

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(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.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

  
Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Karen Bremer

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)