

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
		MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use On	lv.

.



07.12.22--01001 -017 \*\*160.00





C	ORPORATE ACCESS,	When you	need ACCESS to the world	160	
1	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				
WALK IN					
	PIC	CK UP:	07/11/2022		
XX	CERTIFIED COPY				
	РНОТОСОРУ				
XX	CUS				
XX	FILING	LLC			
•	CORPORATE NAME AND DOC	CUMENT #)	LLC		
	(CORPORATE NAME AND DOC				
	(CORPORATE NAME AND DOC	CUMENT #)			
	(CORPORATE NAME AND DOC	CUMENT #)		- <u></u>	
PECIA	CORPORATE NAME AND DOC L CTIONS:	UMENT #)		22 JUL 11 MA	
	<del></del>			*5	

#### COVER LETTER

TO: **Registration Section** Division of Corporations

#### Mission BBQ Royal Palm, FL LLC SUBJECT:

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 (<u>Area Code</u>) 726-0700 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: \$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address Street/Courier Address Registration Section **Registration Section** Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

# ARTICLES OF ORGANIZATION FOR FLORIDA UMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Mission 860 Royal Palm, FLILC

(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:

	Name
510 Vonderburg Drive, Suite 100	
Plorida street address (P.C	). Box <u>NOT</u> acceptable)
Irandon	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..

> Capital sectors by 5, van Graner Dam 2018 10 25 12 12 17 40 D7

Karen Bremer

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2



#### ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Mission BBO Management, LLC
	7750 Gavernor Richie Hwy.
	Glen Burnie, MD 21061
MGR	William Leahy
	821 Southwest 11th St.
	Fl. Lauderdale, Fl. 33315

(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.)

Karon 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 5.00 Certificate of Status (Optional)



Page 2 of 2