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COVER LETTER

D	vivision of Co	rporations				
SUBJECT	SEBASTIA:	AN SMOKEHOUSE				
		Name	of Lim	ited Liabil	ity Company	
The enclos	sed Articles of	Organization and fee	e(s) are	submitted	for filing.	
Please retu	ırn all correspo	ondence concerning t	his ma	tter to the f	ollowing:	
	H. J. UNDE	RILL				
				Name of	Person	
	HJU HOLD	INGS, LLLP				
				Firm/Co	mpany	
	490 N HARI	BOR CITY BLVD.				
				Addr	288	
	MELBOUR	NE, FL 32935				
	BUZ@UNDE	ERILL.COM	Ci	ty/State and	d Zip Code	
•	-	E-mail address: (to be	used	for future a	nnual report notificat	ion)
For further i	nformation co	ncerning this matter,	please	call;		
	BUZ UNDE			1	242-2224	
	Nam	ne of Person			Daytime Telephon	ne Number
Enclosed is	s a check for t	he following amount:	:			
圖\$125.00	Filing Fee	□\$130.00 Filing I Certificate of State		Certific	5.00 Filing Fee & ed Copy is enclosed)	☐\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailin	g Address			Street Address	2

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

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	ity Company is:			
SEBASTIAN SMOI (Must con		Liability Comp	any, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street a	ddress of the principal o	ffice of the Lir	nited Liability Company is:	:
<u>Princip</u>	oal Office Address:		Mailing A	ddress:
490 N HARBOR CI MELBOURNE, FL			490 N HARBOR CITY BI MELBOURNE, FL 3293:	
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an The name and the Florida street	y cannot serve as its own active Florida registration	Registered Ag m.)		n individual or
	490 N HARBOR CI			
	Florida street addres)T acceptable)	-
	MELBOURNE FL 3	2935		
	City	State	Zip	-
Having been named as registered place designated in this certificate further agree to comply with the plam familiar with and accept the ol	. I hereby accept the apportions of all statutes replications of my position of m	ointment as reg elating to the pr as registered as	istered agent and agree to o oper and complete perform	act in this capacity. I ance of my duties, and I

(CONTINUED)

ARTICLE IV-

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

"AMBR" = Authorized M "MGR" = Manager MGR			
_			
MGK	1.1	I INDEDILI III	
	- <u>fi.</u>	. J. UNDERILL. III 20 N HARBOR CITY BLVD.	
	$\frac{4D}{M}$	ELBOURNE, FL 32935	
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(Use attachment if necess	eary)		
ective date is listed, the d of filing.)	late must be specific a	ng: (OP ind cannot be more than five business day applicable statutory filing requirements, the	s prior to or !
ment's effective date on the			ins date will i
EN 1 (1 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2	•		
E VI: Other provisions, if	•		
REQUIRED SIGNATU	RE:		
REQUIRED SIGNATU	TRE:	7.0	
		and a suith a wire and a manufacture of	ah ar
Sig	nature of a member of	or an authorized representative of a men	
Sig This doc	nature of a member of ument is executed in a	accordance with section 605.0203 (1) (b), Fi	lorida Statute:
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