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PICK-UP	MAIT	MAIL
	siness Entity Name	
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Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	





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## COVER LETTER

	Filing Section of Cor	tion porations				
SUBJECT: _	<u>S</u>			AVOR Lability Com		BECUE, LLC.
The enclosed z	Articles of	Organization and fee	(s) are sul	omitted for filin	ıfr	
Please return a	ll correspo	ndence concerning th	nis matter	to the followin	ħ;	
_		Belvy Gene	? Da	Hon Jo	<del></del>	
SmokIN FLAUOR BARBECUE, LLC.						
3921 Craw Fordville Rd						
	Address					
Tallahassee FL 32305 Chy State and Zip Code Belvy D123 @ G-mail. com						
	City State and Zip Code  Rely y D 123 Q G-mail. com					
E-mail address: (to be used for future annual report notification)						
For further infor	For further information concerning this matter, please call					
Belvy Dalton Jr at (850) 345 5762  Name of Person Area Code Daytime Telephone Number						
_•	Nam	e of Person	Area (	Code Dayt	ime Telephon	e Number
Enclosed is a c	theck for th	ne following amount.				
<b>√</b> \$125.00 Fil	ing Fee	EIST30.00 Filing F Certificate of State	18	78155,00 Fili Certified Copy ddf.schal copy i	-	IB\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

## Mailing Address

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New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, F4, 32314 Street Address

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMÍTED LIABILITY COMPANY

RETICLE 1 - Name:  - aname of the Limited Liability Company is:	
SMOKIN FLA	VOR BARBECUE, LLC
(Must contain the words "Limited Liability	ty Company, "L.4C.," or "LLC.")
RTICLE II - Address:e mailing address and street address of the principal office of	f the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3921 CRAWFURDVILLE RD TALLAHASSEE FL 32305	SAME
RTICLE III - Registered Agent, Registered Office, & Register Limited Liability Company cannot serve as its own Register other business entity with an active Florida registration.)  Le name and the Florida street address of the registered agent a	tered Agent. You must designate an individual or
*	
Belvy G. Dali	e e
3921 Crawford	duille Rd
Florida street address (P.O. I	Box <u>SOT</u> acceptable)
Tallahassee	FL 32305
City S	FL 32305 State Zip

ing been named as registered agent and to accept service of process for the above stated limited liability company at the widesignated in this certificate. Thereby accept the appointment as registered agent and agree to act in this capacity. It has agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I similiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

(CONTINUED)

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ARTICLE IV-

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

Title: "AMBR" = Authorized Member	Name and Addr	<u>'ess:</u>
"MGR" = Manager		
MGR	Bely Dalton.	le 3921 Crawfondville Rd Tallahasse FL 32305
711019		Tallahasse FL 32305
	· · · · · · · · · · · · · · · · · · ·	
(Use attachment if necessary)		
he document's effective date on the Departino		filing requirements, this date will not be listed a
RTICLE VI: Other provisions, (fany,		
REQUIRED SIGNATURE:		
Bely	a Delh L	
Signature of a	member or an authorized re	presentative of a member.
This document is exc	cuted in accordance with secti	on 605.0203 (1) (b), Florida Statutes.
	alse information submitted in a aree felony as provided for m s	document to the Department of State
·		
De.iv	y G. Dalton Jo Typed or printed name of	Signee
	Filing Fees:	•
\$125.00 Filing Fee for Articles of		n of Registered Agent
\$ 30.00 Certified Copy (Optional	)	2023
\$ 5.00 Certificate of Status (Opt	ional)	22

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