

L23000402471

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

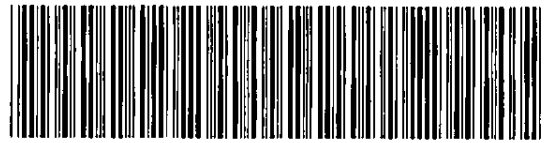
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/08/23--01018--008 **130.00

SECRETARY OF STATE
TALLAHASSEE, FL

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COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: SmokeyMacs BBQ, 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:

William Charles McCaffrey

Name of Person

SmokeyMacs BBQ, LLC.

Firm/Company

1394 Riley Circle

Address

Deland, FL 32724

City/State and Zip Code

smokeymacsbbq1@gmail.com

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

For further information concerning this matter, please call:

William Charles McCaffrey 407 435-0720
at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|---|---|

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 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 LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SmokeyMacs BBQ, LLC

(Must contain 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:

1394 Riley Circle
Deland, FL. 32724

Mailing Address:

1394 Riley Circle
Deland, FL. 32724

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:

William H. McCaffrey

Name

2723 Abbey Avenue

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

Orlando

FL

32833

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..

William H. McCaffrey

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FL

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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

"MGR" = Manager

Managing Member

Name and Address:

William Charles McCaffrey
1394 Riley Circle Deland, FL. 32724

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: May 17, 2023. (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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

William Charles McCaffrey

Typed or printed name of signer

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)

TO: Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

ATTN: New Filing Section

Enclosed is a check in the amount of \$130.00 for the Filing Fee and Certificate of Status for SmokeyMacs BBQ, LLC. Kindly please return mail the Letter of Acknowledgement to the address listed below. Thank you.

Feel free to call me at (407) 435-0720 if you should require further information.

Warm Regards,

William C. McCaffrey, Managing Member
SmokeyMacs BBQ, LLC.
1394 Riley Circle
Deland, FL 32724
(407) 435-0720
Smokeymacsbb1@gmail.com

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