

**L23000440480**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : RASI  
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S. CHATHAM  
SEP 25 2023

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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**FLORIDA LIMITED LIABILITY CO.  
FBQ Enterprises LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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2023 SEP 22 AM 11:05

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9/21/2023 4:56:42 PM PAGE 1/001 Fax Server



September 21, 2023

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RASI

SUBJECT: FBQ ENTERPRISES LLC  
REF: W23000129552

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

ARTICLES IV IS INCOMPLETE, NO ADDENDUM IS ATTACHED.

Please return the corrected original and one copy of 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.

Tekayla T Matthews  
Regulatory Specialist II  
New Filings Section

FAX Aud. #: H23000330894  
Letter Number: 323A00021921

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FBQ Enterprises 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:

Mailing Address:

444 ROUTE 111  
SMITHTOWN, NY 11787

444 ROUTE 111  
SMITHTOWN, NY 11787

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:

Registered Agent Solutions, Inc.

None

2894 Remington Green Ln., Ste. A

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

<u>Tallahassee</u>	<u>FL</u>	<u>32308</u>
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.*



\_\_\_\_\_  
Registered Agent's Signature (PRINTED)

(CONTINUED)

2023-09-22 07:18:35

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

PLEASE SEE ATTACHED ADDENDUM

(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.)

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.

Real Estate

**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.

Christopher Delisle, Member

Typed or printed name of ~~signe~~

**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)

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**ADDENDUM**

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

INITIAL MEMBERS:

Joseph Giacobbe - 855 Central Ave, Unit 216 St Petersburg, FL 33701

James Hughes - 177 Seaman Ave, Bayport, NY 11705

James Clooney - 20 Coves Run, Syosset, NY 11791

Christopher Delisle - 444 Route 111 Smithtown, NY 11787

Shawn Rae - 400 64th Ave Apt 807W St Petersburg Beach, FL 33706

Jeanette Lawrenson - 1480 Gulf Blvd #1209 Clearwater Beach, FL 33767

Douglas Delisle – 444 Route 111 Smithtown, NY 11787

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