

W4000033040

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

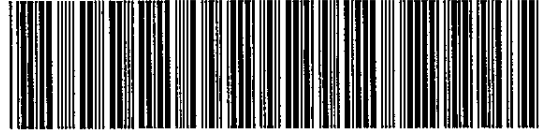
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**MJH**

04/23/04--01040--009 \*\*125.00

04 APR 23 AM 7:52

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 2 Brothers 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:

Mark Patacer OR Anthony Patacer  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

P.O. Box 22917  
(Address)

Grant FL 32949  
(City/State and Zip Code)

For further information concerning this matter, please call:

Mark Patacer at (321) 258-5557  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

2-Brothers LLC.

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

644 W. King St  
Cocoa, Florida 32922

**Mailing Address:**

P.O. Box 22917  
Grant FL 32949

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

Mark Patacer  
Name

4160 Rosewood Ave.  
Florida street address (P.O. Box **NOT** acceptable)

Valkaria FL 32950 FLORIDA  
City, State, and Zip

FILED  
04 APR 23 AM 7:52  
TALLAHASSEE, FLORIDA

*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 608, Florida Statutes..*

Mark Patacer  
Registered Agent's Signature

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Anthony Patacer  
~~22~~ P.O. Box 22917  
Grant FL 32949

MGRM

Mark Patacer  
P.O. Box 501381  
Malabar FL 32950

MGRM

Marcia Patacer  
P.O. Box 22917  
Grant FL 32949

MGRM

Cerise Patacer  
P.O. Box 501381  
Malabar FL 32950

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**

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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Mark Patacer  
Typed or printed name of signee

**Filing Fees:**

**\$100.00 Filing Fee for Articles of Organization**

**\$ 25.00 Designation of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**