L12000/0/327

(Requestor's Name)
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·
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300238034453

08/06/12--01004--027 **125.00

D. BRUCE

AUG 0 7 2012

EXAMINER

EFFECTIVE DATE_08/4

COVER LETTER

TO:

Registration Section

Division of Corporat	ions					
SUBJECT: Bray Cons	struction LLC					
30000CT.	Name of Limited	Liability Compan	ny			
The enclosed Articles of Organ	nization and fee(s) are su	bmitted for filing.				
Please return all correspondence	e concerning this matter	to the following:				
Jeffrey Bray						
	N	ame of Person				
Bray Constru	ction					
	F	irm/Company				
1099 SW 4th	St					
		Address				
Boca Raton, FL	. 33486				TAS	12
		State and Zip Code			HCR LA	2 AUG
FLbray@aol.com	า				HAA	. 1
E-m	nail address: (to be used for	future annual repor	t notification)		SSE SSE	9
For further information concern	ning this matter, please c	all:			E F	À
Jeff Bray	1	_{at (} 561	722-5734		RETARY OF STATE AHASSEE, FLORID	AM 11: 27
Name of Perso			& Daytime Telep	phone Number	æ.	_
Enclosed is a check for the f	ollowing amount:					
\$125.00 Filing Fee \$130 Cer	0.00 Filing Fee & Trificate of Status	\$155.00 Filing Certified Cop (additional copy	y	\$160.00 Filing F Certificate of Sta Certified Copy (additional copy is e	tus &	
Regi Divi P.O.	iling Address istration Section ision of Corporations . Box 6327 ahassee, FL 32314	Registratio Division o Clifton Bu 2661 Exec	f Corporations	ircle		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liability Company is:	:		
Bray Construction LLC			
(Must end with the words "Limited Liabi	ility Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address:			
The mailing address and street address of the pa	rincipal office of the Limited Liability Com	pany is	:
Principal Office Address:	Mailing Address:		
1099 SW 4th St	1099 SW 4th St		
Boca Raton, FL 33486	Boca Raton, FL 33486		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.)	d Office, & Registered Agent's Signature stered Agent. You must designate an individual or another registered agent are:	2 AUC	₩_
The name and the Florida street address of the	iμ⊂	> _≥ .	LEE AND
Jeffrey Bray	FLORID	ÁMII: 2	_
Name	ORIE	~	
1099 SW 4th St	177 30	· ~	
Florida street ad	dress (P.O. Box NOT acceptable)		

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, F.S..

City, State, and Zip

Registered Agent's Signature (REQUIRED)

Boca Raton,

(CONTINUED)

Page 1 of 2

EFFECTIVE DATE 08/01/12

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
"MGRM"	Jeffrey Bray	
- MOINT	1099 SW 4th St	
	Boca Raton, FL 33486	
	4 - MT-100 - 100 -	
	to the state of th	
(Use attachment if necessary) ARTICLE V: Effective date, if other than	the date of filing: August 1, 2012 (OPTIONAL)	
ARTICLE V: Effective date, if other than If an effective date is listed, the date must	the date of filing: August 1, 2012 (OPTIONAL) st be specific and cannot be more than five business days prior	
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ARTICLE V: Effective date, if other than If an effective date is listed, the date must o or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of affire (In accordance with section constitutes an affirmation of I am aware that any false in	ember or an authorized representative of a member. 1 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State.	
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