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(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	= #)
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(Ви	ısiness Entity Nan	ne)
(Do	ocument Number)	
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T. Surehall N.J.O. 2014

COVER LETTER

	tration Section on of Corporations		
SUBJECT: 7	EBWCB, LLC		
	Name of Lim	nited Liability Company	
The enclosed A	Articles of Organization and fee(s) an	e submitted for filing.	
Please return a	Il correspondence concerning this ma	atter to the following:	
W	illiam Chalmers Brothers, Jr.		
		Name of Person	
· · · · · · · · · · · · · · · · · · ·			
		Firm/Company	
47	8 Heron Ave.		······································
		Address	
Na	ples, FL 34108	in/Chata and Tin Code	
chalmers	b@comcast.net	ity/State and Zip Code	
	E-mail address: (to be used	for future annual report notifica	tion)
For further info	ormation concerning this matter, plea	se call:	
Chalmers Bro	others at (2	239) 2485000	
	Name of Person	Area Code Daytime Tel	ephone Number
Enclosed is a c	heck for the following amount:		
☑ \$125.00 Filing	Fee \$\Bigcup \\$130.00 \text{ Filing Fee & Certificate of Status}	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addr Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited I	Liability Company is:	·	ALVEL VER	14 JUN -	
TEBWCB, LLC			£731 £7327	ဟ	1
(Mu	st end with the words "Limited Li	ability Company, "L.L.C.," or "LLC."	?[Tis]	=	
ARTICLE II - Address: The mailing address and s	street address of the principal offic	e of the Limited Liability Company is	STATE FLORIDA	<u>គ</u> ភា	المحتد
Principal Office Address	<u>s:</u>	Mailing Address:			
478 Heron Ave. Naples, FL 34108		478 Heron Ave. Naples, FL 34108			
another business entity w The name and the Florida	ith an active Florida registration.) street address of the registered ag villiam Chalmers Brothers, Jr.	gistered Agent. You must designate a	n individ	lual or	
	Name				
4	78 Heron Ave.				
f	Florida street address (P.O. Box N	OT acceptable)			
N	laples	_{FL} 34108			
	City	Zip			
the place designated in capacity. I further agre	n this certificate, I hereby accept the e to comply with the provisions of a		d agree to complete _l	act in perfori	this mance
	(CONTINUED	9)			

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	Trace Elizabath Brathara
AMBR	Troy Elizabeth Brothers 478 Heron Ave.
	Naples, FL 34108
	Naples, FL 34108
AMBR	William Chalmers Brothers, Jr.
	478 Heron Ave.
	Naples, FL 34108
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	pm² (,t) ====
	Cur,
	F-20 9F
fective date is listed, the date mus	he date of filing: (OPTIONAL)
EV: Effective date, if other than	
LE V: Effective date, if other than selective date is listed, the date must of filling.) LE VI: Other provisions, if any.	he date of filing: (OPTIONAL)
LE V: Effective date, if other than fective date is listed, the date must of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE:	he date of filing: (OPTIONAL) t be specific and cannot be more than five business days prior to or 90 days
LE V: Effective date, if other than effective date is listed, the date must of filling.) LE VI: Other provisions, if any. REQUIRED SIGNATURE:	he date of filing: (OPTIONAL) t be specific and cannot be more than five business days prior to or 90 days of a member or an authorized representative of a member.
LE V: Effective date, if other than effective date is listed, the date must of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of the date must be considered as a constant of the date must be considered.	the date of filing: (OPTIONAL) t be specific and cannot be more than five business days prior to or 90 days of a member or an authorized representative of a member. tion 605.0203 (1) (b), Florida Statutes, the execution of this document
LE V: Effective date, if other than effective date is listed, the date must of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature (In accordance with seconstitutes an affirmatic	the date of filing: (OPTIONAL) t be specific and cannot be more than five business days prior to or 90 days of a member or an authorized representative of a member. tion 605.0203 (1) (b), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true.
LE V: Effective date, if other than effective date is listed, the date must of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of the date must be constituted an affirmation of the constitutes an affirmation of the constitutes and affirmation of the constitutes are constituted as a constitute of the constitutes and affirmation of the con	the date of filing: (OPTIONAL) t be specific and cannot be more than five business days prior to or 90 days of a member or an authorized representative of a member. tion 605.0203 (1) (b), Florida Statutes, the execution of this document
E V: Effective date, if other than a sective date is listed, the date must of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature (In accordance with sec constitutes an affirmation of the constitutes at third degree of the constitutes at the constitutes at third degree of the constitutes at t	the date of filing: (OPTIONAL) It be specific and cannot be more than five business days prior to or 90 days of a member or an authorized representative of a member. Ition 605.0203 (1) (b), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true, the information submitted in a document to the Department of State

ARTICLE IV-

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)