

LI 6000126861

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

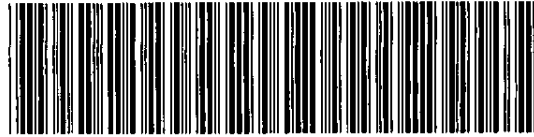
(Business Entity Name)

(Document Number)

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SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive
Tallahassee, Florida 32312
(850) 656-4724

SUNSHINECORPORATE2014@GMAIL.COM

Date: 7/11/16

ENTITY NAME:

BRAD POLLAN LLC

****PLEASE FILE THE ATTACHED AND RETURN:****

Plain Copy
 Certified Copy

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY:****

Document Number: _____

Certified Copy of Arts & Amendments
 Certificate of Good Standing

****APOSTILLE'/NOTARIAL CERTIFICATION:****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL AMOUNT OWED: \$125.00

CHECK NUMBER: 7668

PLEASE CONTACT TINA AT 850-508-1891 FOR ANY PROBLEMS OR INFORMATION ON THIS MATTER.

Thank you!

Tina Goff, President

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

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ARTICLE I: NAME

The name of the Limited Liability Company is:

BRAD POLLAN LLC

ARTICLE II: Address

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

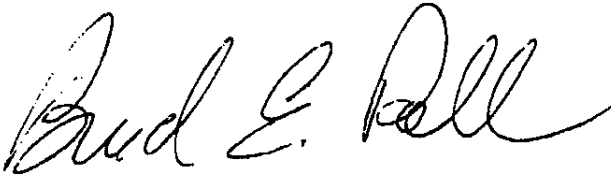
**152 N CORY DR
EDGEWATER, FLORIDA 32141**

ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE & REGISTERED
AGENT SIGNATURE

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

**BRAD E. POLLAN
152 N CORY DR
EDGEWATER, FLORIDA 32141**

Having been named as registered agent 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.

x 

BRAD E. POLLAN / Registered Agent's Signature

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BRAD POLLAN LLC

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

**AMBR:
BRAD E. POLLAN
152 N CORY DR
EDGEWATER, FLORIDA 32141**

x 

BRAD E. POLLAN

Signature of a member or an authorized representative of a member

(In accordance with section 605.0203 (1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

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