

L21000472267

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

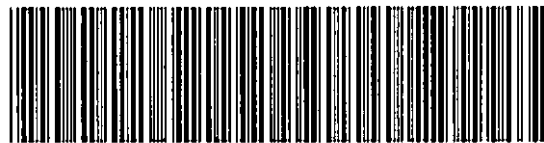
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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WILLIAMSBURG, VIRGINIA

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COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: BROOKE N. HERNANDEZ, 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:

DOUGLAS A. HAMILTON, E.A.
Name of Person

SCOTT A. HARNDEN, CPA, P.C.
Firm/Company

7689 E. PARADISE LANE, #7
Address

SCOTTSDALE, AZ 85260
City/State and Zip Code

doug@sahcpapc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DOUGLAS A. HAMILTON 480 368-5755 X 2
Name of Person at () Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BROOKE N. HERNANDEZ, 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:

4429 SAXON DRIVE
NEW SMYRNA BEACH, FLORIDA
32169

Mailing Address:

4429 SAXON DRIVE
NEW SMYRNA BEACH, FLORIDA
32169

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:

BROOKE N. HERNANDEZ
Name

4429 SAXON DRIVE
Florida street address (P.O. Box **NOT** acceptable)

NEW SMYRNA BEACH FLORIDA 32169
City State Zip

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

SEP 2 11:23:51

Handwritten initials and a circled number 10.

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 (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

BROOKE N. HERNANDEZ
4429 SAXON DRIVE
NEW SMYRNA BEACH, FLORIDA, 32169

AMBR

CRAIG HERNANDEZ
4429 SAXON DRIVE
NEW SMYRNA BEACH, FLORIDA, 32169

FILED
FEB 2 2011
TALLAHASSEE, FLORIDA

(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.

REQUIRED SIGNATURE:

** Brooke N Hernandez*

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.17.155, F.S.

BROOKE N. HERNANDEZ

Typed or printed name of signee

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)