

(Requestor's Name)
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IVISION OF CORPORATIONS
TALL A HASSEF, FLORIDA

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## COVER LETTER

	filing Section on of Corporat	ions		
SUBJECT:	Ro	Br: 11's Name of Li	Building and mited Liability Company	Repairs LLC
	_		re submitted for filing. natter to the following:	
	Robin	Brill	Name of Person	
	Br: 11	s Build	ing and Repa	airs ILC
	7.27	Efferson	Address	
_7	Tallahass LBC: 119 E-mail	24 @ Gma address: (to be use	32303 City/State and Zip Code a./. Com d for future annual report notificati	ion)
	_	ng this matter, plea	se call: <u>850</u> ) <u>586 65 6</u>	20
	Name of P	erson	Area Code Daytime Telephon	e Number
Enclosed is a cl	heck for the foll	owing amount:		
□\$125.00 Fili		130.00 Filing Fee & rificate of Status	© S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Ade New Filing S Division of C P.O. Box 63	ection Corporations	Street Address New Filing Section D The Centre of Tallah 2415 N. Monroe Stre	assee

Taliahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name	Ā	RT	TCI	ΗI	- Na	me
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The name of the Limited Liability Company is:

Brill's Building and Repairs 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:

727 Efferson St. A

Tallahassee, Fc. 32303

Tallahassee, Fc. 32303

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:

Name

727 Ellerson St. A F.

Florida street address (P.O. Box NOT acceptable)

Tallahassee, FL. 32303

City State Zip

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)

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ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
AMBB	Robin Brill 727 Elleson St. A
	Tallahassee, Fc. 32303
(Use attachment if necessary)	
(If an effective date is listed, the date must be spe the date of filing.)	of filing:
ARTICLE VI: Other provisions, if any.	n State 8 records.
· · · · · · · · · · · · · · · · · · ·	
REQUIRED SIGNATURE:	
- Poi	Fill
Signat <b>ure of a mei</b> This document is execute I am aware that any false	mber or an authorized representative of a member, ed in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S
	Typed or printed name of signee
	ryped 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)