

L02000033863

Jeff Maynard

(Requestor's Name)

3693-A Donovan Dr.

(Address)

Tallahassee, FL

(Address)

32309

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

Brestone LLC

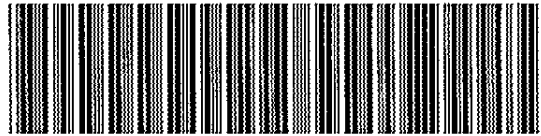
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200009483702

12/17/02--01078--025 \*\*125.00

RECEIVED

02 DEC 17 PM 2:26

FILED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
02 DEC 17 PM 2:40

J. BRYAN DEC 17 2002

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is: Brestone LLC

## ARTICLE II - Address:

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

3693-A Donovan Dr.  
Tallahassee, FL 32309

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Jeff Maynard  
Name  
3693-A Donovan Dr.  
Florida street address (P.O. Box **NOT** acceptable)  
Tallahassee FL 32309  
City, State, and Zip

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
02 DEC 17 PM 2:40

*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..*

  
Registered Agent's Signature

## Article IV - Management (Check box if applicable.)

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Jeff Maynard  
Typed or printed name of signee

### Filing Fees:

\$100.00 Filing Fee for Articles of Organization  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (Optional)  
\$ 5.00 Certificate of Status (Optional)