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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

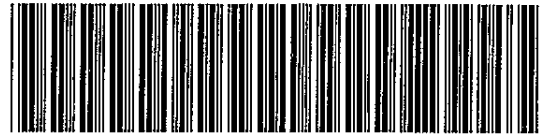
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[Signature]

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BrennMar Inspection Services, Ltd. Co.
(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:

George L. Martinez
(Name of Person)

BrennMar Inspection Services, Ltd. Co.
(Firm/Company)

100 NW 189th Avenue
(Address)

Pembroke Pines, Florida 33029
(City/State and Zip Code)

For further information concerning this matter, please call:

George L. Martinez at (954) 432 8168
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

BrennMar Inspection Services, Ltd. Co.

ARTICLE II - Address:

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

Principal Office Address:

100 NW 189th Avenue

Pembroke Pines

Florida, 33029

Mailing Address:

100 NW 189th Avenue

Pembroke Pines,

Florida, 33029

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

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

George L. Martinez

Name

100 NW 189th Avenue

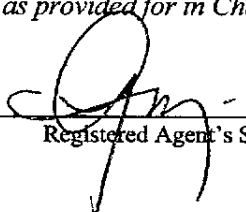
Florida street address (P.O. Box **NOT** acceptable)

Pembroke Pines,

FLORIDA 33029

City, State, and 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 608, Florida Statutes..



Registered Agent's Signature

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

John V. Brennan Jr.

320 NW 189th Terrace

Pembroke Pines, Florida 33029

MGRM

George L. Martinez

100 NW 189th Avenue

Pembroke Pines, Florida 33029

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested

REQUIRED SIGNATURE:

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.)

George L. Martinez

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)

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TALLAHASSEE, FLORIDA

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