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(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

J. BRYAN JAN 8 2004

TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Brandon James Chapman  
(Name of Limited Liability Company)

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Brandon James Chapman  
(Name of Person)

Brandon James Chapman L.L.C.  
(Firm/Company)

473 N SR. 415  
(Address)

Osteen Fl. 32764  
(City/State and Zip Code)

For further information concerning this matter, please call:

Brandon Chapman at (386) 804 8063  
(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

ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

BRANDON JAMES CHAPMAN L.L.C.

**ARTICLE II - Address:**

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

**Principal Office Address:**

473 N SR 415 OSTEEN FL 32764

**Mailing Address:**

473 N SR 415 OSTEEN FL 32764

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

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

BRANDON JAMES CHAPMAN  
Name

473 N SR 415  
Florida street address (P.O. Box **NOT** acceptable)

OSTEEN FL FLORIDA 32764  
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..*

Brandon James Chapman  
Registered Agent's Signature

**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:**

Owner/  
MGRM

Brandon James Chapman  
472 N SR 465  
Ostee FL 32264

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

Brandon James Chapman  
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.)

Brandon James Chapman  
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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