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(Requestor's Name)

(Address)

(Address)

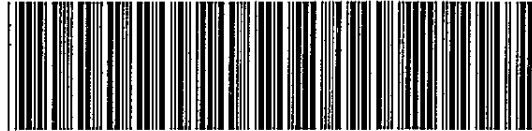
(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____



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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BrianMac's Petroleum Services; 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:

Brian McMillan
(Name of Person)

BrianMac's Petroleum Services
(Firm/Company)

7818 North Court
(Address)

Maccleenny, FL 32063
(City/State and Zip Code)

For further information concerning this matter, please call:

Brian McMillan at (904) 259 8659
(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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DIVISION OF CORPORATIONS

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

BrianMac's Petroleum Services; LLC

ARTICLE II - Address:

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

Principal Office Address:

BrianMac's Petroleum Service; LLC

7818 North Court

Maccleddy, FL 32063

Mailing Address:

BrianMac's Petroleum Services;LLC

PO Box 566

Maccleddy, FL 32063

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

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

Brian A McMillan

Name

7818 North Court

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

Maccleddy

FLORIDA 32063

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..

Brian A. McMillan

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:

MGR

Brian A McMillan

7818 North Court

Maccleddy, FL 32063

(Use attachment if necessary)

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DIVISION OF CORPORATIONS

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

REQUIRED SIGNATURE:

Brian A. McMillan

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.)

Brian A McMillan

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)