

L0400000322416

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

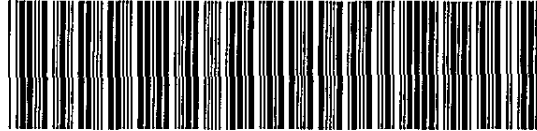
(Business Entity Name)

(Document Number)

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**CORPORATE
ACCESS,
INC.**

236 East 6th Avenue . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

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LLC

1.) Bren Designs, LLC
(CORPORATE NAME & DOCUMENT #)

2.)
(CORPORATE NAME & DOCUMENT #)

3.)
(CORPORATE NAME & DOCUMENT #)

4.)
(CORPORATE NAME & DOCUMENT #)

5.)
(CORPORATE NAME & DOCUMENT #)

SPECIAL INSTRUCTIONS

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I NAME

The name of the Limited Liability Company is:

BREN DESIGNS, LLC

ARTICLE II ADDRESS

The principal office address:

150 Kent Road, Ste 2
St Augustine, FL 32086

Mailing address:

19 Alcira Court
St Augustine, FL 32086

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE

Brenda Shaffer
150 Kent Road, Ste 2
St Augustine, FL 32086

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.



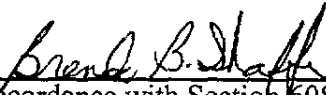
Registered Agent's Signature

ARTICLE IV MANAGER or MANAGING MEMBER

Title: Managing Member

Brenda Shaffer
150 Kent Road, Ste 2
St Augustine FL 32086

REQUIRED SIGNATURE



(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.)

Brenda Shaffer

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