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SECRETARY OF STATE

## TRANSMITTAL LETTER

TO: Registration Division of C			
SUBJECT:	BROTHER'S	INVESTMENTS GROUP, LL	c
	(Name of Limite	d Liability Company)	
The enclosed Articles	of Organization and fee(s) are s	submitted for filing.	
Please return all corre	spondence concerning this matte	er to the following:	
		OUSEF BASHIR	
	(1	Name of Person)	
	BROTHER'S	S INVESTMENTS GROUP, 1	LC
	(	Firm/Company)	
	5416 W	HITE HERON PLACE	
<del> </del>		(Address)	
	OVIE	EDO, FL 32765	
		/State and Zip Code)	<del></del>
For further informatio	n concerning this matter, please	call:	
Yous	EF BASHIR	at ( 407 ) 617-1998	ZINS SEC
	ne of Person)	at ( 407 ) 617-1998 (Area Code & Daytime Te	elephone Namber) ANN 14
Enclosed is a check	for the following amount:		I III
☐ \$125.00 Filing Fee	e 2 \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certificate Gopy (additional copy is enclosed)
STREET ADDRESS:		MAILING A Registration S	
Registration Section Division of Corporations 409 E. Gaines Street		Division of Co P.O. Box 632	orporations
Tallahassee, Florida 32399		Tallahassee, Florida 32314	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
BROTHER'S INVESTMENT'S GROUP, LLC				
ARTICLE II - Address: The mailing address and street address	of the principal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
5416 WHITE HERON PLACE	5416 WHITE HERON PLACE			
OVIEDO, FL 32765	OVIEDO, FL 32765			
ARTICLE III - Registered Agent, Re	gistered Office, & Registered Agent's Signature:			
The name and the Florida street address	s of the registered agent are:			
YC	DUSEF BASHIR			
	Name			
5416 \	WHITE HERON PLACE			
Florida	Florida street address (P.O. Box NOT acceptable)			
OVIE	DO			
City, State, and Zip				
liability company at the place design registered agent and agree to act in this statutes relating to the proper and con	t and to accept service of process for the apove stated limited that and in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of all applete performance of my duties, and I am familiar with and as registered agent as provided for in that apple 608, F.S			
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
Registere	ed Agent's Signature			

(CONTINUED)

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGR	YOUSEF BASHIR
INOTC	5416 WHITE HERON PLACE
	OVIEDO, FL 32765
MGRM	ANUAR BASHIR
	5416 WHITE HERON PLACE
	OVIEDO, FL 32765
MGRM	KHAMIS BASHIR
	5416 WHITE HERON PLACE
	OVIEDO, FL 32765
(Use attachment if necessary)	
NOTE: An additional article must	be added if an effective date is requested.
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE.	1.4
- Loud L	$\mathcal{L}_{\mathcal{M}}$
	ASE 28
Signature of a member	r or an authorized representative of a nighber.
(In accordance with sec	tion 608.408(3), Florida Statutes, the exception
of this document consti	tutes an affirmation under the penalties of perjury
that the facts stated h	erein are true.)
	YOUSEF BASHIR
Туј	ped or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

Filing Fees:

\$ 5.00 Certificate of Status (Optional)