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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		FILED
SUBJECT: BRAND MAKERS I. (Name of Limit	Afexwa from a () (ted Liability Company)	
The enclosed Articles of Organization and fee(s) are	submitted for filing.	SECRETARY OF STATE TALLAHASSEE, FLORIDA
Please return all correspondence concerning this ma	tter to the following:	
GANY F L	Abrozzi (Name of Person)	
BRANDMAKERS INTER	NA frond LL	
721 CRAN dow B	/vd # 308	
	(rumess)	
Key Bisasyne	ful 33149 ty/State and Zip Code)	
For further information concerning this matter, plea-	se call;	
CANY F. LABROZZI' (Name of Person)	_at (405_) 467 (Area Code & Daytime Te	elephone Number)
Enclosed is a check for the following amount:		
□ \$125.00 Filing Fee Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
STREET ADDRESS:	MAILING A	

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

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	2005 JAN 14 ₱ 5: 20
The name of the Limited Liability Company is:	SECRETARY OF STATE
BRAND MAKERS INTERNA	houst, 26
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
721 Crandon Blud	121 Crandon Blod
H308 Key Bischigno fil 32149	121 Crandon Blod #308 Key Biscayne Fil 33149
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:
City, State, as Having been named as registered agent and to a	Blud #308 ess (P.O. Box NOT acceptable)
registered agent and agree to act in this capacity, statutes relating to the proper and complete per	I further agree to comply with the provisions of all formance of my duties, and I am familiar with and ered agent as provided for in Chapter 608, F.S

Page 1 of 2

(CONTINUED)

ARTICL	E IŲ-	Mana	ger(s)	or	Managing	Member(s):
73	1	5.5			e		

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

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	FILED
Managering Director	GAMY F. LABROZZI 721 CAMON BROJAN HORO 5: 20 Rey BISCAGNE SECRETARY UF STATE TALLAHASSEE, FLORIDA
(Use attachment if necessary)	
NOTE: An additional article must be	added if an effective date is requested.
REQUIRED SIGNATURE:	
Signature of a member of	r an authorized representative of a member.
of this document constitute that the facts stated here	
(74u)	U. F. LADIAZZI

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)