

L05000010989

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

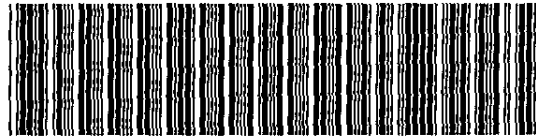
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CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 180959 7391166

AUTHORIZATION :

COST LIMIT : \$ 125.00

05 FEB -2 AM 9:06  
FILED  
TALLAHASSEE, FLORIDA

ORDER DATE : February 2, 2005

ORDER TIME : 3:0 PM

ORDER NO. : 180959-005

CUSTOMER NO: 7391166

CUSTOMER: Mark Witham  
Law Offices Of Thomas G.  
Amon, Esq.  
Suite 1650  
500 5th Avenue  
New York, NY 10110

DOMESTIC FILING

NAME: BRIARWOOD MANAGEMENT LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION  
CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
XX PLAIN STAMPED COPY  
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan - EXT. 2955

EXAMINER'S INITIALS: \_\_\_\_\_

LOCATION: **FILED**  
 05 FEB -2 AM 9:06  
 TALLAHASSEE, FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

BRIARWOOD MANAGEMENT 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:

2215 Chesterbrook Ct.

SAME

Unit 103

Naples FL 34109

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

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

MARK WITHAM

Name

2215 Chesterbrook Ct Unit 103

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

Naples 34109

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..

By: Mark Witham  
 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

MGR

**Name and Address:**

MARK WITHAM  
2215 Chesterbrook Ct.  
Unit 103  
Naples FL 34109

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(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

Mark Witham

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.)

By: Mark Witham

Typed or printed name of signer

**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)