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(Requestor's Name)
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(Business Entity Name)
(Document Number)
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DESCRIPTION OF THE PROPERTY OF THE

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## TRANSMITTAL LETTER

	egistration Se vivision of Co						
SUBJECT	r:	Brond	WAY	Investment	- GRESTUC.		
(Name of Limited Liability Company)							
The enclos	sed Articles of	f Organization a	nd fee(s) are s	ubmitted for filing.			
Please retu	ırn all corresp	ondence concer	ning this matte	er to the following:			
			MARK	Name of Person)			
					PINS MAR 21 PM 1:37		
+			(	Firm/Company)	京是 王		
		8930	· B	eacos Sr. (Address)	FLORIDI FLORIDI		
•			······································	(Address)	70		
		Fr.	My (City)	e Co Code)	33907		
For further	information o	concerning this i	matter, please	call:			
m	ARK	6 Rec	A		0060		
MACK Paca at (Name of Person)		(Area Code & Daytime Telephone Number)					
Enclosed i	is a check fo	r the following	; amount:				
<b>5</b> \$125.00	Filing Fee	S130.00 F Certificate of	Filing Fee & Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street				MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327			

Tallahassee, Florida 32314

Tallahassee, Florida 32399

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limi	: ited Liability Company i	is:		TO SEE SE		
BRONG	lway INVE	STMENT	GROUP.	4600 3		
ARTICLE II - Addr				1700 10		
Principal Office Add	<u>lress:</u>	Mailing Add	ress:	7.0		
3015 Stel	la St.	<u>8930</u>	Beac my pro, F(	33807		
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:						
The name and the Florida street address of the registered agent are:						
	MARK	Le Pera				
_	MARK Nan 8930 B.	eacon St				
Florida street address (P.O. Box NOT acceptable)						
	City, State	FL 3	3907			
liability company registered agent and statutes relating to	as registered agent and t at the place designated it agree to act in this capac the proper and complete t <del>ions of m</del> y position as re	n this certificate, I city. I further agre performance of m	hereby accept the to comply with y duties, and I are	he appointment as h the provisions of all m familiar with and		

(CONTINUED)

Page 1 of 2

## 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	MARK LePere 8930 Beacon ST. FT. MYERS, FC 33907
	R2
(Use attachment if necessary)	- Formation of the second of t
`	be added if an effective date is requested.
REQUIRED SIGNATURE:  Signature of a member	er or an authorized representative of a member.
of this document const	ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury

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)

MARK Pezp

Typed or printed name of signee