

WS000035140

Florida Department of State  
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To:  
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Fax Number : (850)205-0383

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Account Name : EMPIRE CORPORATE KIT COMPANY  
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**LIMITED LIABILITY COMPANY**

**bryan petroleum 104, llc**

Certificate of Status	0
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(3)

**ARTICLES OF ORGANIZATION  
OF**

**A Florida Limited Liability Company**

**ARTICLE I-NAME**

The name of the Limited Liability Company is:

**BRYAN PETROLEUM 104 LLC**

**ARTICLE II-ADDRESS:**

The mailing address and street address of the principle office of the Limited Liability company is:

**PRINCIPAL OFFICE ADDRESS:**

8490 N.W 44<sup>TH</sup> STREET SUNRISE FLA 33351

**MAILING ADDRESS:**

8490 N.W 44<sup>TH</sup> STREET SUNRISE FLA 33351

**ARTICLE III- REGISTERED AGENT, REGISTERED OFFICE, REGISTERED AGENT'S SIGNATURE:**

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

**MOHAMMAD SIDDIQUE**  
(NAME)

**8490 N.W 44<sup>TH</sup> STREET**  
FLORIDA STREET ADDRESS(P.O BOX NOT ACCEPTABLE)

**SUNRISE FLA 33351**  
CITY, STATE, AND ZIP

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HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS 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, F.S.

  
REGISTERED AGENT SIGNATURE

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**ARTICLE IV-MANAGEMENT/MEMBER(S):**

The name(s) and address(es) of each Manager or Managing Member is as follows:

Title:

Name and address:

MGR= Manager

MGRM= Managing Member

MGR= MOHAMMAD SIDDIQUE

8490 N.W 44<sup>TH</sup> STREET SUNRISE FLA 33351

MGR= ELVA SIDDIQUE

8490 N.W 44<sup>TH</sup> STREET SUNRISE FLA 33351

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(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

*X* 

SIGNATURE OF A MEMBER OR AN AUTHORIZED REPRESENTATIVE OF A MEMBER.

(In accordance with section 605.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**MOHAMMAD SIDDIQUE**

Typed or printed name of signer

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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