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To:

Division of Corporations

Fax Number : (850)205-0383

HLM

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5926

LIMITED LIABILITY COMPANY

Brendcork, LLC

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

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P.03/04

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
BRENDCORK, LLC	
ARTICLE II - Address: The mailing address and street address of th	e principal office of the Limited Liability Company is:
Principal Office Address:	Malling Address:
301 West Warner, Suite 118	301 West Warner, Suits 118
Temps, Arizona 85284	Temps, Arisona 85284
Ni	oration System tine Pine Island Road
Florida atroel	address (P.O. Box NOT acceptable)
Pientation,	Florida 33324
City, Sta	(e, and Zip
liability company at the place designated registered agent and agree to act in this capa statutes relating to the proper and complete	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as activ. I further agree to comply with the provisions of all approximance of my duties, and I am familiar with and egistered agent as provided for in Chapter 608, F.S.
Douge L	oration System
Registered A	Agent's Signature ITISO Boll
	ant Secretary
\ <u>-</u> \ -	
(CONT)	(NUED)

Page 1 of 2

PLOTE - MAINOR C TRANSPAR DATES

06/13/2005 09:49

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ARTICLE IV- Manager(s) or Managing Member(s):

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

JUN-10-2005 16:10

PAGE 03/03 P.04/04

Name and Address: Title:
"MGR" = Manager "MGRM" - Managing Member John B. Cork MORM 301 West Watner, Buite 118 Terepe, Arizona 85284 Al P. Brande MORM 2450 Pondren, Buito 210 Houston, Taxaa 77063 (Use attachment if necessary)

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

(In accordance with section 608.408(3), Fibride Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts shaled berein are true.)

Signature of a member or an futhorized representative of a member.

Barry Snowden, Authorized Representative Typed or printed name of signee

Pline Free:

REQUIRED SIGNATURE:

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

3 30.00 Certified Copy (Optional)

5 5.00 Certificate of Status (Optional)

Page 2 of 2

FLORD - 10/12/04 C T System College