1050000 59817

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
	y/State/Zip/Phone #	
(Cit	yrotaterzipir none #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	
(Do	cument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
		(d/00)
<u> </u>	Office Use Only	1008



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SECTION OF STATE ORIDA

S JUN 10 AMII:

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT. Olson Prothers LLC		
SUBJECT: Olson Brothers, LLC (Name of Limite	d Liability Company)	
The enclosed Articles of Organization and fee(s) are s	submitted for filing.	
Please return all correspondence concerning this matte	er to the following:	
Erik E. Ols	Name of Person)	
Olson Brothers	LLC	
Olson Brothers,	Firm/Company)	
3088 SW Feno	der Avenue	
	(Address)	
Arcadía, FL 3	4266 (State and Zin Code)	-
(eig)	State Life 2.4p excey	SECRETARY OF STATE TALLARIASSES FLORIDA
For further information concerning this matter, please	call:	
Erik E. Olson (Name of Person)	at (863) 494-7716 (Area Code & Daytime Telephone Number)	
(Name of Person)	(Area Code & Daytime Telephone Number)	STA STA
Enclosed is a check for the following amount:		
☐ \$125.00 Filing Fee		Status &
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	

Tallahassee, Florida 32399

Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Na				
The name of the L	imited Liability Company	y is:		
0 sc	on Brothers, LL	C		
ARTICLE II - Ac		ne principal office of the Limi	ited Liability Company is:	
Principal Office A	Address:	Mailing Address:		
Olson Brothe 3088 SW Fee Arcadia, FL	ers, LLC Ider Avenue 34266	Olson Brothers 3088 SW Fenda Arcadia, FL 30	s LLC er Avenue 4266	
ARTICLE III - R	egistered Agent, Registe	ered Office, & Registered A	gent's Signatures	
The name and the	Florida street address of t	the registered agent are:	os Jun 10 AM 11: 22 Gent's Signature of STATE FLORIDA	11111
	3088 SW 1	Fender Avenue	STATE ORIDA	
		t address (P.O. Box <u>NOT</u> acceptables FL 34266 ate, and Zip	ole)	
liability compa registered agent a statutes relating	ny at the place designated nd agree to act in this cap to the proper and complet	I to accept service of process for this certificate, I hereby accept. I further agree to compose performance of my duties, as a provided for the process of the process	cept the appointment as ly with the provisions of all nd I am familiar with and	
	Registered Ag	ent's Signature	-	
	Registered Ag	ent a pignature		

(CONTINUED)

Page 1 of 2

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

Title: "MGR" = Manage "MGRM" = Mana		Name and Address:
MGRM	_	Erik E. Olson 3088 SW Fender Avenue Arcadia, FL 34266
MGRM	_	Frederick K. Olson 15 West Circle Street Avon Park, FL 33825
	_	
	_	
(Use attachment if	necessary)	
NOTE: An addit REQUIRED SIG		edded if an effective date is requested.
-	Eich E. C	
(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.)	
	Erik E. Olson 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)