# Florida Department of State

Division of Corporations Public Access System

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M. HODGES

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To:

Division of Corporations

Fax Number

: (850)205-0383

From

Account Name : CLARION VENTURES, INC.

Account Number : I20030000026 Phone : (623)465-8636

Fax Number : (623

: (623)465-8640

, pa

#### LIMITED LIABILITY COMPANY

### brothers Investing LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125,00

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### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

brothers investig	116	
	1g LLC	
ARTICLE II		
The mailing ad	ldress and street address of the	principal office of the Limited Liability Company is:
Principal Offi	ce Address:	Mailing Address:
2746 Scenic Gu	If Dr Unit 410	2746 Scenic Gulf Dr Unit 410
Miramar Beach	FL, 32550	Miramar Beach FL, 32550
<del></del>	<u> </u>	A Maria di M
		red Office, & Registered Agent's Signature:
The name and	the Florida street address of th	e registered agent are:
		•
	Frank Garofálo	•
	Frank Garofalo Naz	me
	Nar	
	Nar 2746 Scenic Gulf Dr Unit 4	
	Nar 2746 Scenic Gulf Dr Unit 4 Florida street address (	P.O. Box <u>NOT</u> acceptable)
•	Nar 2746 Scenic Gulf Dr Unit 4 Florida street address ( Miramar Beach,	P.O. Box <u>NOT</u> acceptable)  FLORIDA 32550
	Nate	P.O. Box <u>NOT</u> acceptable)  FLORIDA 32550 e, and Zip
	Nate	P.O. Box NOT acceptable)  FLORIDA 32550  e, and Zip  service of process for the above stated limited liability
company at the place of	Nate	P.O. Box NOT acceptable)  FLORIDA 32550  re, and Zip  service of process for the above stated limited liability ereby accept the appointment as registered agent and
company at the place a agree to act in this capa	Nate 2746 Scenic Gulf Dr Unit 4 Florida street address ( Miramar Beach, City, State registered agent and to accept a designated in this certificate, I have city. I further agree to comply to	P.O. Box NOT acceptable)  FLORIDA 32550  e, and Zip  service of process for the above stated limited liability ereby accept the appointment as registered agent and with the provisions of all statutes relating to the proper
company at the place a agree to act in this capa and complete performa	Nate 2746 Scenic Gulf Dr Unit 4  Florida street address (  Miramar Beach,  City, State registered agent and to accept a designated in this certificate, I have city. I further agree to comply the complete of my duties, and I am familiary agrees to the complete the complete of my duties, and I am familiary agrees to complete the c	P.O. Box NOT acceptable)  FLORIDA 32550  re, and Zip  service of process for the above stated limited liability ereby accept the appointment as registered agent and
company at the place a agree to act in this capa and complete performa	Nate 2746 Scenic Gulf Dr Unit 4  Florida street address (  Miramar Beach,  City, State registered agent and to accept a designated in this certificate, I have city. I further agree to comply the complete of my duties, and I am familiary agrees to the complete the complete of my duties, and I am familiary agrees to complete the c	P.O. Box NOT acceptable)  FLORIDA 32550  The and Zip  Service of process for the above stated limited liability accept the appointment as registered agent and with the provisions of all statutes relating to the proper liar with and accept the obligations of my position as
company at the place a agree to act in this capa and complete performa	Nate 2746 Scenic Gulf Dr Unit 4  Florida street address (  Miramar Beach,  City, State registered agent and to accept a designated in this certificate, I have city. I further agree to comply the complete of my duties, and I am familiary agrees to the complete the complete of my duties, and I am familiary agrees to complete the c	P.O. Box NOT acceptable)  FLORIDA 32550  The and Zip  Service of process for the above stated limited liability are by accept the appointment as registered agent and with the provisions of all statutes relating to the proper liar with and accept the obligations of my position as

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## HUS 000157806 >

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Frank Garofalo
	2746 Scenic Gulf Dr Unit 410
	Miramar Beach FL, 32550
·	
	•
(Use attachment if necessary)	
	st be added if an effective date is requested.
REQUIRED SIGNATURE:	l Tawlolo
Signature of a member or	an authorized representative of a member.
(In accordance with section of this document constitute that the facts stated herein	n 608.408(3), Florida Statutes, the execution as an affirmation under the penalties of perjury are true.)
<u> </u>	- GAROFACO
Typed	or printed name of signee

\$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)

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