

LD5000065521

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200056516982

06/27/05--01045--023 \*\*125.00

FILED  
05 JUN 27 PM 2:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan JUL 1 - 2005

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BRT Enterprises, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Brian Behrmann  
(Name of Person)

BRT Enterprises, LLC  
(Firm/Company)

3009 NW 29th Avenue  
(Address)

Boca Raton, Florida 33434  
(City/State and Zip Code)

FILED  
05 JUN 27 PM 2:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Brian Behrmann at ( 561 ) 441-1662  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|---|---|---|

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

BRT Enterprises, LLC

### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

#### Principal Office Address:

3009 NW 29th Avenue

Boca Raton

Florida, 33434

#### Mailing Address:

3009 NW 29th Avenue

Boca Raton

Florida, 33434

### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature

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

Brian Behrmann

Name

3009 NW 29th Avenue

Florida street address (P.O. Box NOT acceptable)

Boca Raton

FL

33434

City, State, and Zip

*Having been named as registered agent and to accept service 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's Signature

(CONTINUED)

FILED  
05 JUN 27 PM 2:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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

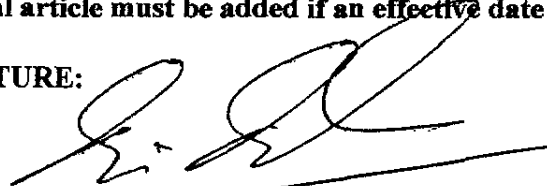
**Name and Address:**

<u>MGR</u>	<u>Brian Behrmann</u> <u>3009 NW 29th Avenue</u> <u>Boca Raton, Florida 33434</u>
<u>MGRM</u>	<u>Trevor Behrmann</u> <u>3009 NW 29th Avenue</u> <u>Boca Raton, Florida 33434</u>
<u>MGRM</u>	<u>Ryan Behrmann</u> <u>3009 NW 29th Avenue</u> <u>Boca Raton, Florida 33434</u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**



**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.)

Brian Behrmann

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)

FILED  
05 JUN 27 PM 2:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA