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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORID

05-9085

# TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: B&R Enterprises L.L.C.	
(Name of Li	mited Liability Company)
The enclosed Articles of Organization and fee(s)	are submitted for filing.
Please return all correspondence concerning this r	natter to the following:
Kathy A. Bradley	•
	(Name of Person)
B&R Enterprises, L.L.C. dba DropNProfit	
	(Firm/Company)
193 W. Highbanks Rd.	
	(Address)
DeBary, Florida 32713	-
	(City/State and Zip Code)
`	, out and Esp Code,
For further information concerning this matter, ple	ease call:
	at (386 717-3249 ARR SFT Area Code & Daytime Telephone Number SFR A
Kathy A. Bradley	at ( 386 ) 717-3249
(Name of Person)	(Area Code & Daytime Telephone Number)
	mo —
Enclosed is a check for the following amount	FS
☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee	
Certificate of Status	Certificate of Statusee
	(additional copy is enclosed) Certified Copy (additional copy is enclosed)
•	
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations 409 E. Gaines Street	Division of Corporations P.O. Box 6327
Tallahassee, Florida 32399	Tallahassee, Florida 32314

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		•
The name of the Limited Liability Compar	ny is:	
BAR Enterprises LL	Carre	·
ARTICLE II - Address:		
The mailing address and street address of t	the principal office of the Limited	I Liability Company is:
Principal Office Address:	Mailing Address:	
8 S. Hwy 17-92 Suite 8-B	193 W. Highbanks Rd.	
DeBary, Florida 32713	DeBary, Florida 32713	
ARTICLE III - Registered Agent, Regis	tered Office, & Registered Age	nt's Signature:
The name and the Florida street address of	the registered agent are:	2005 : SECH
Kathy A. Bradley		ARE SEP
	Name	SEP -8 SETARY AHASSE
193 W. Highbanks Rd.		EE, P

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..

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

Registered Agent's Signature

City, State, and Zip

DeBary, Florida 32713

(CONTINUED)

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

The hame and address of each Manager	of trianaging recition is as follows.			
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:			
	•			
<u>"MGR"</u>	Kathy A. Bradley			
<u> </u>	193 W. Highbanks Rd.			
	DeBary, Florida 32713			
"MGRM"	Sravut Noy Rivers			
	3600 Thompson Rd.			
	Lage Mary, Florida 32746			
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(Use attachment if necessary)				
(Ose attachment if necessary)				
NOTE: An additional article must be	added if an effective date is requested			
NOTE: An additional article must be added if an effective date is requested.				
REQUIRED SIGNATURE:				
	$\wedge \longrightarrow$			
Koll de la companya della companya della companya de la companya della companya d				
Chillien Ht. PX all A				
Signature of a member or an authorized representative of a member.				
ν				
(in accordance with section of this document constitute	an affirmation under the penalties of perjury			
that the facts stated herei	n are true.)			
Kall A Prose Co				
Typed or printed name of signee				
f -Min	55			
Filing Fees:				
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)