L05000104947

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	∍#)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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10/24/05--01048--014 **375.00

SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

Division of Corporation	ons .		
_{SUBJECT:} Brian Roge	ers Property Ir	vestments LLC	
<u>~</u>		l Liability Company)	
The enclosed Articles of Organ	nization and fee(s) are so	ubmitted for filing.	
Please return all correspondence	ce concerning this matte	r to the following:	
Brian Rogers			
	(1	Name of Person)	
Brian Rogers	Property Inve	estments LLC	
	(Firm/Company)	
1420 Hales I	Hollow Dr.		
		(Address)	
Dunedin, FL			
	(City/	State and Zip Code)	
For further information concern	ning this matter, please	call:	
Brian Rogers		at (727 <u>458-68</u>	75
(Name of Person	on)	(Area Code & Daytime Te	lephone Number)
Enclosed is a check for the f	ollowing amount:		
	130.00 Filing Fee & ificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regi Divi P.O.	ling Address istration Section sion of Corporations Box 6327 ahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	as

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Brian Rogers Property Investments LLC (Must end with the words "Limited Liability Company, "Limited Liability Company,"	d Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1420 Hales Hollow Dr. Dunedin, FL 34698	1420 Hales Hollow Dr. Dunedin, FL 34698
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the registration Brian Rogers	ered Agent. You must designate an individual or another
Name 1420 Hales Hollow Dr.	PM 12
	ress (P.O. Box NOT acceptable)
Dunedin, FL 34698 City, State, a	FL
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	nccept service of process for the above stated limited his certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of all reformance of my duties, and I am familiar with and typed agent as provided for in Chapter 608, F.S

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

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

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

Title:	Name and Address:	
"MGR" = Manager "MGRM" = Managing Member		
MGRM	Brian Rogers	<u>.</u>
	1420 Hales Hollow Dr. Dunedin, FL 34698	
		 .
		 -
		 .
(Use attachment if necessary)		
	ne date of filing: (OP be specific and cannot be more than five business	
.		05
REQUIRED SIGNATURE:		OCT 2
Signature of a mem	Ver or an authorized representative of a member.	F PH
(In accordance with	section 608.408(3), Florida Statutes, the execution astitutes an affirmation under the penalties of perjury I herein are true.)	05 OCT 24 PM 12: 07
Brian Rogers		

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)

Typed or printed name of signee