

2006 MAR -1 P 2: 52

| 7,000 | map . |
|---|--|
| SE(TALL (Requestor's Name) | CRETARY OF STATE AHLSSEE, FLORIDA |
| (Address) | |
| (Address) | 100066170381 |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | 03/01/0801020065 **125.50 |
| (Business Entity Name) | STATE OF THE STATE |
| (Document Number) | |
| Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | |
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| AL) | |

Office Use Only

TRANSMITTAL LETTER

| TO: Registration Section Division of Corporations | rILED | | | | |
|---|--|--|--|--|--|
| TO: Registration Section Division of Corporations SUBJECT: Registration Section Division of Corporations | SIDWA LECS: 52 | | | | |
| The enclosed Articles of Organization and fee(s) are submitted for filing. | TLAMASSEE, FLORIDA | | | | |
| Please return all correspondence concerning this matter to the following: RUMALLY POWALL (Name of Person) | | | | | |
| (Name of Person) | and the state of t | | | | |
| BERPERS N Phones OF BRANTON TOWN (Firm/Company) | LLC | | | | |
| 7000 PARK BOULZVAKA (Address) | | | | | |
| (Address) | and the second s | | | | |
| PINEUAS PARK FL 3379 (City/State and Zip Code) | 81 | | | | |
| For further information concerning this matter, please call: | | | | | |
| ROWALD STATE AT (127) 497 - (Name of Person) (Area Code & Daytime Te | 777 | | | | |
| (Name of Person) (Area Code & Daytime Ta | elephone Number) | | | | |
| Enclosed is a check for the following amount: | | | | | |
| \$125.00 Filing Fee \$\times\$ \$130.00 Filing Fee \$\times\$ Certificate of Status Certified Copy (additional copy is enclosed) | S160.00 Filing Fee. Certificate of Status & Certified Copy (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

| | FILED | | |
|---|---|--|--|
| ARTICLES OF ORGANIZATION FOR FLO | ORIDA LIMITED LIABILITY COMPANY | | |
| ARTICLE I - Name: | 2006 MAR -1 P 2: 52 | | |
| The name of the Limited Liability Company is: | SECRETARY OF STATE TALLAHASSEE, FLORIDA | | |
| Brupers N Phones OF A | BRANDON TOWN LLC | | |
| ARTICLE II - Address: The mailing address and street address of the pri | ncipal office of the Limited Liability Company is: | | |
| Principal Office Address: | Mailing Address: | | |
| 1000 PARK BOLLEVARD | 1000 PARK BOULEVARS | | |
| PINEURS PARK FL | 1000 PARK BOULEVARD | | |
| 33781 | 33781 | | |
| | egistered agent are: Swall | | |
| 7000 Paux | Tess (P.O. Box NOT acceptable) FL 33781 and Zip | | |
| Florida street add | ress (P.O. Box <u>NOT</u> acceptable) | | |
| PINEURS PARK | FL 33781 | | |
| Having been named as registered agent and to a liability company at the place designated in th registered agent and agree to act in this capacity statutes relating to the proper and complete per | na Lip accept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all aformance of my duties, and I am familiar with and thered agent as provided for in Chapter 608, F.S | | |
| Registered Agent's Signature | | | |
| rowners result a mismanic | | | |

(CONTINUED)

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

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

| <u>Title:</u> | | Name and Address: | FILED |
|--|-----------------------------|---|-----------------------|
| "MGR" = Mana | | | |
| "MGRM" = Ma | naging Member | | 2006 MAD . |
| MGR | | ROMALD POWNALL | 2006 MAR - 1 P 2: 52 |
| | | 7000 PANE BL | |
| | | PINELLAR PARK, | FL 339 FLORIDA |
| MBL | | Mike LAVALL | ES |
| | | 1000 Prak Bu | 1 |
| | | fINELLAS PARK | FL 33781 |
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| | | | |
| | ANNALY BOAR | | |
| | | | |
| | | | |
| (Use attachment | if necessary) | | |
| | | | |
| NOTE: An add | ditional article must be | added if an effective date is r | equested. |
| TO 377 OR ST. TO ST. T | | | |
| REQUIRED SI | GNATURE: | | |
| | | | |
| | | | |
| | Signature of a member or | r an authorized representative of a | member. |
| | of this document constitute | n 608.408(3), Florida Statutes, the excess an affirmation under the penalties o | ecution of perjury |
| | that the facts stated herei | in are true.) | · · · |
| | Rouse | A POWNALL | |
| | 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)