

# Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

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From:

Account Name : FTIINGS, INC. Account Number : 072720000101 Phone : (850)385-6735

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## FLORIDA/FOREIGN LIMITED LIABILITY CO.

### BRIESPEN, LLC

 Certificate of Status
 0

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 0

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 01

 Estimated Charge
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# ARTICLES OF ORGANIZATION OF

### BRIESPEN, LLC

A Limited Liability Company
Organized under the Laws of the State of Florida

#### ARTICLE I - NAME

The name of the limited liability company is:

### BRIESPEN, LLC

### ARTICLE II - ADDRESS

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

29400 Pine Villa Circle Punta Gorda, FL 33982

#### ARTICLE III - REGISTERED AGENT AND OFFICE

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

Michael Collands 29400 Pine Villa Circle Punta Gorda, FL 33982

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.

MICHAEL COLLANDS, as Registered Agent

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.

MICHAEL COLLANDS, Member

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