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SECRETARY OF STATE DIVISION OF CORPORATIONS

B. McKnight JUN 0 6 2006

## **COVER LETTER**

ro:	Registration Section Division of Corporations		
UBJE	BREW-SER LLC		
	(Name of Lim	ited Liability Company)	·
The en	closed Articles of Organization and fee(s) are	e submitted for filing.	
lease:	return all correspondence concerning this ma	atter to the following:	
	DEAN C. WISSER		
		(Name of Person)	
	CARCLINIX		
		(Firm/Company)	
	5824 PRECISION DR		
		(Address)	
	ORLANDO, FL 32819		
	(0	City/State and Zip Code)	
For fur	ther information concerning this matter, plea	ase cali:	
DEA	N C. WISSER	at (407 304-75	593
	(Name of Person)	(Area Code & Daytime	Telephone Number)
Enclo	sed is a check for the following amount:		
] \$12:	5.00 Filing Fee Status  Certificate of Status	& S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addry Registration Section  Division of Corporati Clifton Building 2661 Executive Center Tallahassee, FL 3230	ons er Circle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	DU-OI-OG
BREW-SER LLC	
(Must end with the words "Limited Liability Company, "Limited	Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5487 MAULE WAY UNIT 57 & 58	5824 PRECISION DR
MANGONIA PARK FLORIDA 33407	ORLANDO FL 32819
The name and the Florida street address of the report DEAN C. WISSER  Name  5824 PRECISION DR	gistered agent are: ess (P.O. Box NOT acceptable)
City, State, an	FL 32819 4 Zip
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	compensation of process for the above stated limited its certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and ered agent as provided for in Chapter 608, F.S

(CONTINUED)
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DIVISION OF CORPERATIONS

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

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

MGRM	DEAN C. WISSER 628 GILBERT RD
	WINTER PARK 32792
MGR	STEPHEN W. BREWER
	6271 BOARDEAUX CIR
	SANFORD, FLORIDA 32771

ARTICLE V: Effective date, if other than the date of filing: <u>JUNE 1ST 2006</u>. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

DEAN C. WISSER

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)

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