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## COVER LETTER

Division of Co			178
SUBJECT: Brasse	d Off, LLC		
		d Liability Compa	ny)
The enclosed Articles of	f Organization and fee(s) are s	ubmitted for filing	
Please return all corresp	ondence concerning this matte	er to the following	:
Steven Slo	ane Newburgh, Esq		
	(	Name of Person)	
Fowler Whi	te Burnett, P.A.		
	(	(Firm/Company)	
Phillips Po	int, West Tower, 7	77 South F	lagler Drive, Suite 800
		(Address)	
West Palm	n Beach, FL 33401	1	
	(City	/State and Zip Code	
For further information	concerning this matter, please	call:	
Steven Sloane N	ewburgh, Esq.	at ( 561	802-9044
	of Person)	(Area Code	802-9044  & Daytime Telephone Number)
Enclosed is a check for	or the following amount:		
□ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Fi Certified Copy (additional copy)	Certificate of Status &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrati Division Clifton B 2661 Exe	ourier Address on Section of Corporations uilding cutive Center Circle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

The mailing address and street address of t	the principal office of the Elimited Elability Compan	ny is:		
Principal Office Address:	Mailing Address:			
1337 Euclid Avenue, Apt. 106	1337 Euclid Avenue, Apt. 106			
Miami Beach, FL 33139	Miami Beach, FL 33139	Miami Beach, FL 33139		
Phillips Point, West To	ph, Esq. Name  ower, 777 S. Flagler Drive, Ste. 800  eet address (P.O. Box NOT acceptable)			
	FL 33401 State, and Zip			
West Palm Beach  City, S  Having been named as registered agent and liability company at the place designate registered agent and agree to act in this agent statutes relating to the proper and complete	eet address (P.O. Box <u>NOT</u> acceptable) FL 33401	as of an		

(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: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member Darren James Pawlowski MGR 1337 Euclid Avenue, Apt. 106 Miami Beach, FL 33139 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: . (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

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)

that the facts stated herein are true.)
Steven Sloane Newburgh, Esq.

\$ 5.00 Certificate of Status (Optional)