| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ad | ldress) | |
| (Ad | ldress) | * |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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SECRETARY OF STATE

COVER LETTER

TO:

Registration Section

| Division of Corporations | |
|---|--|
| SUBJECT: Brothur LLC | |
| (Name of Limited L | iability Company) |
| The enclosed Articles of Organization and fee(s) are subn Please return all correspondence concerning this matter to | |
| Lee R Brockway | |
| | ne of Person) |
| Brothur LLC | |
| (Firm | n/Company) |
| 325 Cindy Lane | |
| | Address) |
| Brandon, FL 33510 | |
| (City/Sta | te and Zip Code) |
| For further information concerning this matter, please call | l: |
| Joseph R ThurdeKoos | (407) 592-3336 (Area Code & Daytime Telephone Number) |
| (Name of Person) | (Area Code & Daytime Telephone Number) |
| Enclosed is a check for the following amount: | |
| Certificate of Status C | \$155.00 Filing Fee & Sertified Copy Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | |
|---|---|
| The name of the Limited Liability Company is: | • |
| | |
| Brothur LLC | |
| Must end with the words "Limited Liability Company, "Limite | d Company" or their abbreviation "LLC," or "L.C.;") |
| ADTICLE II. Address. | |
| ARTICLE II - Address: The mailing address and street address of the pri | incipal office of the Limited Liability Company is: |
| The manning address and street address of the pr | morphi office of the Difficed Diability Company is. |
| Principal Office Address: | Mailing Address: |
| 325 Cindy Lane | 325 Cindy Lane |
| Brandon, FL 33510 | Brandon, FL 33510 |
| | |
| | |
| ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Regist | |
| business entity with an active Florida registration.) | or an analytical for the state of the state |
| The name and the Florida street address of the re | egistered agent are: |
| Lee R Brockway | |
| Name | |
| 325 Cindy Lane | |
| | ress (P.O. Box NOT acceptable) |
| Brandon, FL 33510 | Fi |
| City, State, a | nd Zip |
| | Control of the standard limited |
| | accept 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 |
| | rformance of my duties, and I am familiar with and |
| | stered agent as provided for in Chapter 608, F.S |
| | |
| 1/// | 17 c 0 |
| Registered Agent's Signat | ure (REQUIRED) SECRETARY AHASSI |
| Registered Agent's Signat | ure (REQUIRED) |
| | ASTA - |
| | |
| (CONTIN | UED) "n" I I " " |
| Page 1 of 2 | |
| <i>E</i> | - True Party |

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

| 1 itie: | | Name and Address | <u>s:</u> | | | |
|--|--|--|--|--------------------|--------------|---------------|
| "MGR" = Manager | | | | | | |
| "MGRM" = Managi | ng Member | | | | | |
| MGR | | Jacoph P ThurdoKoo | 5 | | | |
| WIGH | | Joseph R ThurdeKoo | | | - | |
| | | Orlando, FL 32837 | 5, OTHE 123 | | - | |
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| CLE V: Effective date effective date is listed. 00 days after the date of REQUIRED SIGN Sign (In of | e, if other than the day, the date must be so of filing.) ATURE: gnature of a member. | or an authorized represent tes an affirmation under the | more than five by the stative of a member tutes, the execution | r. FAL | | |
| CLE V: Effective date effective date is listed. 00 days after the date of REQUIRED SIGN. Sign (In of | c, if other than the do, the date must be so of filing.) ATURE: gnature of a member of accordance with section that the facts stated here ee R Brockway | or an authorized represent on 608.408(3), Florida Stattes an affirmation under the in are true.) | more than five beneative of a member tutes, the execution e penalties of perjury | ousiness r. | | |
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