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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
· (Cit	ry/State/Zip/Phone	9 #)
PICK-UP	☐ WAIT	MAIL
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` (Do	cument Number)	
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09/05/06--01010--023 **125.00

TRANSMITTAL LETTER

TO:	Division of Corporations		
SUBJ	ECT: Red Sp	eckled Brahma Properties, L.L.C.	
The en	nclosed Articles of	f Organization and fee(s) are submitted for filing as follows:	
		Joseph Salvo	
(Name of Person)			
Red Speckled Brahma Properties, LLC			
	(Firm Company)		
	221 Moon Glow Avenue		
		(Address)	
		Lake Placid, FL 33852	
	<u></u>	(City, State, Zip Code)	
For fu	rther information	concerning this matter, please call:	
Ioceni	n_Salvo	at (863)465-2082	
108ch	(Name of Pers		
STRE	EET ADDRESS:	MAILING ADDRESS:	
Regis	tration Section	Registration Section	
Division of Corporations		•	
409 E. Gaines Street		P.O. Box 6327	
Tallahassee, FL 32314		Tallahassee, FL 32399	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited L	iability Company is:		
Red Speckled Brahma Prop	perties, LLC		
ARTICLE II - Address:			
The mailing address and st is:	reet address of the principal office of the Limited Liability Company		
Principal Office Address	: Mailing Address:		
221 Moon Glow Avenue Lake Placid, FL 33852	221 Moon Glow Avenue Lake Placid, FL 33852		
ARTICLE III - Registere	ed Agent, Registered Office, and Registered Agent Signature:		
	Pam Salvo		
	Name See See T		
·	221 Moon Glow Avenue		
	Lake Placid, FL 33852		
Having has named as ma			
limited liability company a appointment as registered relating to the proper and	istered agent and to accept service of process for the above stated at the place designated in this certificate, I hereby accept the agent. I further agree to comply with the provisions of all statutes complete performance of my duties, and I am familiar with and accept tion as registered agent as provided for in Chapter 608, Florida		
	Pan Salvo		
Registered Agent's Signature			

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

The name and address of each Manager or Managing Member is as follows: Title: Name and Address; "MGR" = Manager "MGRM" = Managing Member Joseph_Salvo _ 221 Moon Glow Avenue Lake Placid, FL 33852 Pam Salvo 221 Moon Glow Avenue Lake Placid, FL 33852 (Use attachment if necessary) NOTE: An additional article must be added if an effective date is requested. **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 penalty of perjury that the facts stated herein are true).

Joseph Salvo
Type or printed name of signee