

LO6000115081

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300080380823

10/16/06--01019--009 **160.00

FILED
06 DEC - 1 PM 3: 03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Outfitter DEC - 1 2006



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 17, 2006

STEVE LEWIS
8565 SIDON STREET
ORLANDO, FL 32817

SUBJECT: MATTBRAN, LLC.
Ref. Number: W06000045497

We have received your document for MATTBRAN, LLC. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan
Document Specialist

Letter Number: 106A00061686

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MATTBRAN, LLC.

ARTICLE II - Address:

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

8565 SIDON ST. ORLANDO, FL 32817

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

STEVE LEWIS
Name
8565 SIDON ST
Florida street address (P.O. Box NOT acceptable)
ORLANDO FL 32817
City, State, and Zip

06 DEC -1 PM 3:03
FILED
SECRETARIAL STATE
TALLAHASSEE, FLORIDA

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.

Steve Lewis

Registered Agent's Signature

Article IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Steve Lewis

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.)

STEVE LEWIS

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)