

106000118094

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

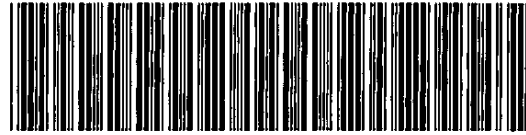
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

106-118094
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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BRECK ENTERPRISES, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

WARREN HEMMINGER
(Name of Person)

BRECK ENTERPRISES, LLC
(Firm/Company)

6204 DELEON AVENUE
(Address)

FORT PIERCE, FL 34951
(City/State and Zip Code)

For further information concerning this matter, please call:

WARREN HEMMINGER at (772) 465-8625
(Name of Person) Area Code & Daytime Phone

STREET ADDRESS
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

BRECK ENTERPRISES, LLC

ARTICLE II - Address:

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

Principal Office Address:

6204 DELEON AVENUE

FORT PIERCE, FL 34951

Mailing Address:

6204 DELEON AVENUE

FORT PIERCE, FL 34951

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

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

WARREN HEMMINGER

Name

6204 DELEON AVENUE

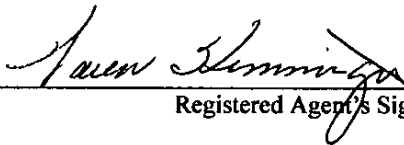
Florida street address (P.O. Box **NOT** acceptable)

FORT PIERCE

FLORIDA 34951

City, State, and Zip

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.



Registered Agent's Signature

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TALLAHASSEE, FLORIDA

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

WARREN HEMMINGER

6204 DELEON AVENUE

FORT PIERCE, FL 34951

MGR

RENAE HEMMINGER

6204 DELEON AVENUE

FORT PIERCE, FL 34951

MGR

Erin Reese

6600 Crescent Ave

Port St Lucie, FL 34984

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TALLAHASSEE, FLORIDA

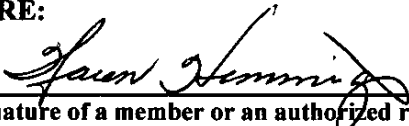
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(Use attachment if necessary)

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 penalties of perjury that the facts stated herein are true.)

WARREN HEMMINGER

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)