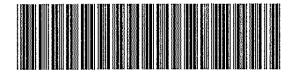
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(Req	uestor's Name)	•••
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Office Use Only



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SECRETARY OF STATE

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## **COVER LETTER**

TO: Registration S Division of Co					
subject: Allen l	nvestments of Brevar		V 8 10		
	(Name of Limite	ed Liability Company)			
	of Organization and fee(s) are so	<del>-</del>			
Matthew J	. Monaghan, Esquire	e			
	(	Name of Person)			_,
Howze, Mo	onaghan & Theriac, i	PLC	TAL	200	
	1	(Firm/Company)	AH	<u></u>	77
96 Willard	Street, Suite 302		TARY ASSE	N -2	F
		(Address)	<u></u>	ס	M
Cocoa, Fl	orida 32922		STAT LORI	<del></del>	O
	(City	/State and Zip Code)	A A	9	
For further information	concerning this matter, please	call:			
Matthew J. Mona	ighan	at ( 321 ) 639-132	0 ext. 226		
(Nume	of Person)	(Area Code & Daytime To	elephone Numb	er)	-
Enclosed is a check for	or the following amount:				
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Certificate Certified C	of Sta Copy	tus &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327	Street/Courier Address Registration Section Division of Corporation Clifton Building	_		

Tallahassee, FL 32314

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	:		
Allen Investments of Brevard, LLC			
Must end with the words "Limited Liability Company, "Limi	ted Company" or their abbreviation "L	LC," or "L.C.,")	
ARTICLE II - Address:			
The mailing address and street address of the p	rincipal office of the Limited	Liability Co	mpany is
Principal Office Address:	Mailing Address:		
210 Bimini Drivė	210 Bimini Drive		_
Cocoa Beach, Florida 32931	Cocoa Beach, Florida 32931		-
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Regis business entity with an active Florida registration.)  The name and the Florida street address of the John Allen	stered Agent. You must designate an in		
Name Name		五 <sup>元</sup> D	111
		97	D
210 Birnini Drive	-	59 59	
Florida street add	dress (P.O. Box <u>NOT</u> acceptable)		
Cocoa Beach, Florida 32931	<u>FL</u>		
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.

(egistered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

"MGR" = Mana "MGRM" = Ma	_	Name and Address:
MGR :		John Allen
		210 Bimini Drive
		Cocoa Beach, Florida 32931
		75 <u>86</u> 88
		ORETARY CAHASSE
		75 ··
		- <del> </del>
(Use attachment		date of filing: 1-1-07 (OPTIONAL)
CLE V: Effective	date, if other than the cated, the date must be ate of filing.)	
LE V: Effective ffective date is list days after the days	date, if other than the ceted, the date must be ate of filing.)  GNATURE:	date of filing: 1-1-07 (OPTIONAL)
LE V: Effective ffective date is list days after the days	date, if other than the ceted, the date must be ate of filing.)  GNATURE:  Signature of a member (In accordance with sections)	date of filing:
LE V: Effective ffective date is list days after the days	date, if other than the ceted, the date must be ate of filing.)  GNATURE:  Signature of a member of this document constit	date of filing:
LE V: Effective ffective date is list days after the days	date, if other than the ceted, the date must be ate of filing.)  GNATURE:  Signature of a member (In accordance with sect of this document constitution that the facts stated her John Allen, Authorized)	date of filing:
LE V: Effective ffective date is list days after the days	date, if other than the ceted, the date must be ate of filing.)  GNATURE:  Signature of a member of this document constit that the facts stated he John Allen, Authorized Typ	date of filing: