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(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
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FCTIVE DATE 12-07

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

JAN 18 AHII: I

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Brand Name Tools For Less		
(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:		
Steve Kearney		
(Name of Person)		
Brand Name Tools For Less		
(Firm/Company)		
PO Box 13053		
(Address)		0
St. Pete FL 33733	SECR	81 NAL 70
(City/State and Zip Code)	HASSE!	8 1
For further information concerning this matter, please call:	OF STA	AH II: 16
Steve Kearney at (727) 895-2445	TATE	9 :
(Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\sum \$130.00 Filing Fee & \$\sum \$155.00 Filing Fee & \$\sum \$160.00\$ Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	of Status opy	s &

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

EFFECTIVE DATE 1-12-07

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

npany" or their abbreviation "LLC," or "L.C.,")
oal office of the Limited Liability Company is:
ailing Address:
) Box 13053
Pete FL 33733
Agent. You must designate an individual or another
tered agent are: SSE GF ST FLOOR
Tered agent are:
To A
EFFECTIVE DATE 12-0

Registered Agent (Signature (REQUIRED)

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..

(CONTINUED)
Page 1 of 2

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Membe	Name and Address:	
MGRM	Steve Kearney PO Box 13053 St Pete FL 33733	
		
(Use attachment if necessary)	SECH TARY OF ALLAHASSEE	
ARTICLE V: Effective date, if other the (If an effective date is listed, the date is to or 90 days after the date of filing.)	man the date of filing: 01/12/2007 . (OPTIONAL) must be specific and cannot be more than five business days p	Ö' orior
REQUIRED SIGNATURE:		
(In accordance of this docume	with section 608.408(3), Florida Statutes, the execution nt constitutes an affirmation under the penalties of perjury stated herein are true.)	
Steve Kearr		

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

- \$ 5.00 Certificate of Status (Optional)