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| (Re                     | equestor's Name)  |             |
|-------------------------|-------------------|-------------|
| (Ad                     | idress)           |             |
| (Ad                     | dress)            |             |
| (Cit                    | y/State/Zip/Phone | e #)        |
| PICK-UP                 | WAIT              | MAIL.       |
| (Bu                     | siness Entity Nar | me)         |
| (Do                     | cument Number)    |             |
| Certified Copies        | _ Certificates    | s of Status |
| Special Instructions to | Filing Officer:   |             |
|                         |                   |             |
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SECRETARY OF STATE
ANALYSISE FI ORIDA

## **COVER LETTER**

| TO: Registration Se<br>Division of Co |  |
|---------------------------------------|--|
| SUBJECT: B                            | ranch Meconds  |
|                                       | (Name of Limited Liability Company)  |
| The enclosed Articles o               | f Organization and fee(s) are submitted for filing.  |
| Please return all corresp             | ondence concerning this matter to the following:   |
| <u>Jos</u>                            | nun Jereny Street Name of Person)  |
|                                       | (Name of Person)   |
|                                       |  |
| <del></del>                           | (Firm/Company)   |
| 1405                                  | West 13th Street (Address)   |
|                                       | . · · · · · · · · · · · · · · · · · · ·  |
| Panama                                | (City/State and Zip Code)  (City/State and Zip Code)   |
|                                       | (City/State and Zip Code)  |
| For further information               | μ-τη( '  |
| Joshua Str                            | concerning this matter, please call:  at (850) 763-2922  |
| (Name                                 | of Person) (Area Code & Daytime Telephone Number)  |
| Enclosed is a check for               | or the following amount:   |
| \$125.00 Filing Fee                   | S130.00 Filing Fee & Certified Copy (additional copy is enclosed)  S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)  |
|                                       | Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301 |

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

| Branch Records, LLC  |  |
|--|--|
| (Must end with the words "Limited Liability Company, "Limited  | Company" or their abbreviation "LLC," or "L.C.,")  |
| ARTICLE II - Address: The mailing address and street address of the print  | ncipal office of the Limited Liability Company is: |
| Principal Office Address:  | Mailing Address:                                   |
| 1405 W. 13th Street<br>Pannon C.ty, FL 32406   | PO Box 15923 Anona Coty, FL 32406                  |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) |  |
| The name and the Florida street address of the re  | gistered agent are:                                |
| Joshua Street  | TE FLORIDE   |
| Name   | TELORIU.   |
| 1405 W. 13th Street  | `}<br>□ □ 33                                       |
| Florida street addr  | ess (P.O. Box <u>NOT</u> acceptable)               |
| Panama City City, State, an  | FL 3240  |
| City, Duite, an  | p  |

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..

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

| Title: "MGR" = Manager "MGRM" = Managing Membe | Name and Address:  |
|--|--|
| MGRM   | Joshun Street 1405 W. 13# Street   |
| MGRM   | Panana City, FL 32401  Johannah Street  1405 W. 13th Street                                      |
| MGRM   | Panoma City, FL 32401  Cachary Stidham  3126 East Only Ad.                                       |
| MGRM   | Parama City, FL 32405  Dayle Stidhan  3126 East Baldwin Rd.  Parama City, FL 32405               |
| (Use attachment if necessary)                  |  |
|  | nan the date of filing: (OPTIONAL) nust be specific and cannot be more than five business days p |
| REQUIRED SIGNATURE:                            | SEC FALL   |

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.)

Joshun Jerery Street
Typed or printed name of signee

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)