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## **COVER LETTER**

TO: Registration Section Division of Corporation			
SUBJECT: The	e Braintrus (Name of Limited	H Group Lol Liability Company)	C.
The enclosed Articles of Or	ganization and fee(s) are su	bmitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
<u> Harr</u>	perine Wate	V DOUSE Name of Person)	
The F	Braintrust G	Proup L.L. C.	
	(1	Firm/Company)	700 SE
		(Address) Road	2007 FEB -8 SECREJARY ALLAH/SSE
Lon	ewood FL	32750 State and Zip Code)	<b></b>
	(City/	State and Zip Code)	PH   2: 2: OF STATE E/FIORID
For further information con	cerning this matter, please (	call:	9m '9
1		at (_3 <u>A </u> ) <u>A06-</u> (Area Code & Daytime Te	3 4 30 lephone Number)
Enclosed is a check for the	ne following amount:	·	
\$125.00 Filing Fee	\$130.00 Filing Fee & Strifficate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
I I I	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center	s

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
The name of the Emilied Elability Company is.
The Brain trust Group, L.L.C.  (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")
(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 principal office of the Limited Liability Company is:
Principal Office Address:  Mailing Address:
1630 Myrte Lake Hills Boad 1630 Myrte Lake Hills Road Longwood, FL 32750 Longwood, FL 32750
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:  (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
Katherine Walterhouse
Katherine Walterhouse  Name  1630 Myrtle Lake Hill Road Right  Florida street address (P.O. Box NOT acceptable)
Unswood FL 32750 City, State, and Zip
Having been named as registered agent and to accent service of process for the above stated limited

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 (REQUIRED)

(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>	Name and Address:
"MGR" = Manag "MGRM" = Man	
MGRM	Kathenne Walterhouse 1030 Murtle Lake Hills Road
	1000000, FL 32750
merm	Steven Walterhouse
	1630 Murte Lake Hills Boad
	iongwood, FL 32750
	<del></del>
(Use attachment i	f necessary)
•	late, if other than the date of filing: <u>Kb 5, 2007</u> . (OPTIONAL)
(If an effective date is list	tate, if other than the date of filing: FCO 2, AOO F (OPTIONAL) red, the date must be specific and cannot be more than five business days prior
to or 90 days after the da	
REQUIRED SIG	SNATURE:
	All)allehour Es E
	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.)

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)

Katherine Walterhouse

Typed or printed name of signee