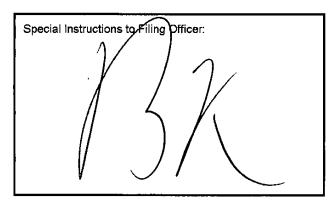
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(F	Requestor's Name)	
(A	(ddress)	
(A	(ddress)	
(C	City/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name	e)
(C	Occument Number)	
Certified Copies	Certificates	of Status



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FILED 07 AUG 29 PM 3: 51 SECRETARY OF STATE TALLAHASSEE, FI OBJE

	INC. 236 East 6th Avenue . Tallahassee, Florida 32303
	P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666
	WALK IN
	PICK UP: 8/29/07 Alman Toring
	CERTIFIED COPY
	PHOTOCOPY CUS CUS EFFECTIVE DATE 9/22 (17)
	43
	FILING
	BRENCAST LEASING LLC CORPORATE NAME AND DOCUMENT #)
((CORPORATE NAME AND DOCUMENT #)
- ((CORPORATE NAME AND DOCUMENT #)
(CORPORATE NAME AND DOCUMENT #)
-(1	CORPORATE NAME AND DOCUMENT #)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COM

ARTICLE I - Name:

The name of the Limited Liability Company is:

	Breneast	LEASING	LLC	
(Must en	d with the words "Lim	led Liability Cor	ompany, "Limited Company" or their abi-reviation "LLC," or "L.C.,")	
	CLE II - Addres		ess of the principal office of the Limited Liability Compa	ıny is:

Principal Office Address:	Mailing Address:
8553 14th Terrace Ocala, FL 34479	8553 14th Terrace Ocala, FL 34479

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 unity with an active Florida registration.)

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

BRIAN	MURI	PHY			
	Na	me		\\\ <u>-</u>	
8553	14th	Terra	ce		
Flori	da street	address (I	P.O. I	Box <u>NOT</u>	ncceptable)
Ocala		FL		34479	
	City, Sta	to, and 21p)		

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 camply with the pravisions 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 (REQV(RED)

(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>Titler</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRM	BRIAN MURPHY 8563 14th Terrace Ocala, FL 34479
iMGRM	KENNETH MURPHY 8553 14th Terrace Ocala, FL 34479

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: August 22, 2007 (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(1), Florida Statutes, the execution of this document constitutes an affirmation ander the penalties of perjury that the facts stated herein are true.)

BRIAN MURPHY
Typed or printed name of signee

Filing Pees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of States (Optional)

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