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(Re	equestor's Name)	
(Ad	ldress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	m e)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		DB
W06-4	7268	

Office Use Only



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SECRETARY OF STATE.

COVER LETTER

TO: Registration Section Division of Corporations

Tallahassee, FL 32301

SUBJECT: BROTHER SERVICES LLC

(Name of Resulting Florida Limited Company)

The enclosed Certificate of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 608.439, F.S.

Please return all correspondence concerning this matter to:

COSME E P	EREZ				
	(Contact Person)				
WYNNS INT	ERNATIONAL	_ INC			
	(Firm/Company)				
160 12TH A	VENUE NE			SE(ADM 10
	(Address)			AR	Č
NAPLES, FL	. 34120-3354			TAn ASSI	-
	City, State and Zip Code)				70
				ST	22
For further informat	ion concerning this ma	atter, please call:		ATE	PH 12: 28
COSME E P	EREZ	at (239	354-2700	A	
(Name of Cont	act Person)		and Daytime Telephon	e Number)	_
Enclosed is a check	for the following amo	unt:			
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	\$155.00 Filing Fees and Certificate of Status	\$180.00 Filing and Certified Cop		y, and	
STREET ADDRES	SS:	MAIL	NG ADDRESS:		
Registration Section		_	ation Section		
Division of Corpora	tions		n of Corporations		
Clifton Building			ox 6327		
2661 Executive Cen	ter Circle	Tallaha	ssee, FL 32314		



October 27, 2006

COSME E. PEREZ WYNNS INTERNATIONAL INC 160 12TH AVENUE NE NAPLES, FL 34120-3354

SUBJECT: BROTHER SERVICES LLC

Ref. Number: W06000047268

We have received your document for BROTHER SERVICES LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must submit Articles of Organization for the resulting Florida limited liability company along with the Certificate of Conversion. The Articles of Organization must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Document Specialist

Letter Number: 506A00063961

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BROTHER SERVICES, 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 principal office of the Limited Liability Company is:

The maning address	and street address of the pr	incipal office o.	i ille Dillitteti L	hadinty Compa	my is:
Principal Office Ad	dress:	Mailing Add	ress:		
306 W. MAI IMMOKALEE	N ST FL 341423931	306 IMHOKAL	W. MAIN EE FL 34	<u>5T-</u> 142-3931	
(The Limited Liability Combusiness entity with an act	orida street address of the r CDSME Name	registered agent E. PEREZ WENUE N dress (P.O. Box NO	st designate an indi are: C DT acceptable)		
-	~~··· ································		20-3354	: 28 ATE IRIDA	g producti

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)	g Member(s)	Managing	(Manager(/_]	IV-	\mathbf{E}	TICL	A
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The name and address of each Manager or Managing Member is as follows:

$-$ "NAL \pm K" \pm NAONOO4		Name and Address:
"MGR" = Manage "MGRM" = Mana		
	aging Memoer	10.00 / 11.00
MGRM	<u> </u>	BOLIVAR BAEZ
		117 W. JEFFERSON AVEN IMMORALEE, FL 34142
		JAMURALEE, PL 34142
MGR	 -	JOSEFINA MENDOZA
	•	117 W. JEFFERSON AVENUE
		IMMORALEE, FL 34142
	•	
		•
(Use attachment i	f necessary)	
•		e date of filing: (OPTION)
CLE V: Effective d	late, if other than the	e date of filing: (OPTIONA be specific and cannot be more than five business day
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CLE V: Effective deffective date is list 0 days after the da	late, if other than the ted, the date must be the of filing.) GNATURE: Signature of a member	olivar BAE1 er or an authorized representative of a member 1
CLE V: Effective deffective date is list 0 days after the da	late, if other than the ted, the date must be the of filing.) GNATURE: Signature of a member (In accordance with secondary)	er or an authorized representative of a member stitutes an affirmation under the nepolities of periods.
CLE V: Effective deffective date is list 0 days after the da	late, if other than the ted, the date must be te of filing.) SNATURE: Signature of a member of this document const that the facts stated is	er or an authorized representative of a member stitutes an affirmation under the nepolities of periods.
CLE V: Effective deffective date is list 0 days after the da	late, if other than the ted, the date must be te of filing.) SNATURE: Signature of a member of this document const that the facts stated is	er or an authorized representative of a member of structure an affirmation under the penalties of perjury therein are true.)
CLE V: Effective deffective date is list 0 days after the da	late, if other than the ted, the date must be te of filing.) SNATURE: Signature of a member of this document const that the facts stated is	er or an authorized representative of a member stitutes an affirmation under the penalties of perjury herein are true.)

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