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| (Re | equestor's Name) | |
|-------------------------|-------------------|-------------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phon | 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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Office Use Only



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SECRETARY OF STATE

COVER LETTER

| TO: Registration Division of C | | | |
|--------------------------------|---|---|--|
| SUBJECT: | 4408 | 3, "L.L.C." | |
| | (Name of Limit | ed Liability Company) | |
| The enclosed Articles | of Organization and fee(s) are | submitted for filing. | |
| Please return all corres | pondence concerning this mat | ter to the following: | |
| | Brad | ley E. Brooks | |
| | | (Name of Persón) | |
| | Brook | s Painting, Inc. | |
| | | (Firm/Company) | |
| | 4403 (| Georgia Avenue | |
| | | (Address) | |
| | West F | Palm Beach, FL 33 | 3405 |
| | (Cit | y/State and Zip Code) | |
| For further information | concerning this matter, please | e call: | |
| Angela Naco | a | at 561 832-09 | 57 |
| | e of Person) | (Area Code & Daytime Tel | ephone Number) |
| Enclosed is a check f | or the following amount: | | |
| \$125.00 Filing Fee | \$130.00 Filing Fee & Certificate of Status | S155.00 Filing Fee & Certified Copy (additional copy is enclosed) | \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | 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 C Tallahassee, FL 32301 | |

| ARTICLES OF ORGANIZATION FOR F | LORIDA LIMITED LIABILITY COMPANY | | | | |
|---|---|--|--|--|--|
| ARTICLE I - Name: | • | | | | |
| The name of the Limited Liability Company is | 3: | | | | |
| 4408 "L.L.C." | | | | | |
| (Must end with the words "Limited Lial | | | | | |
| ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: | | | | | |
| Principal Office Address: | Mailing Address: | | | | |
| 4403 Georgia Avenue | 4403 Georgia Avenue | | | | |
| West Palm Beach, FL 33405 | West Palm Beach, FL 33405 | | | | |
| The name and the Florida street address of the Bradley E. Bro | oks | | | | |
| 139 Gregory P | lace | | | | |
| Florida street a | ddress (P.O. Box <u>NOT</u> acceptable) | | | | |
| West Palm Beach | | | | | |
| City, State | , and Zip | | | | |
| liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete p | o accept service of process for the above stated limited this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 608, F.S | | | | |
| Registered Agent's Sign | of Division ature (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:

| MGR | Bradley E Brooks | |
|------------------------------|---------------------------|--|
| | 139 Gregory Place | |
| | West Palm Beach, FL 33405 | |
| MGR | Pamela Brooks | |
| | 139 Gregory Place | |
| | West Palm Beach, FL 33405 | |
| | | |
| Use attachment if necessary) | | |
| | | |

REQUIRED SIGNATURE:

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.)

BRADLEY E. BROOKS

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)

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