

# L08000112782

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

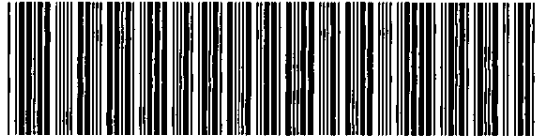
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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C. LEWIS  
DEC 10 2008  
EXAMINER

**TRANSMITTAL LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: BEST BROKERAGE HOUSE LLC.  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

A.L. BEST  
(Name of Person)  
A.L. BEST CONSULTING CO  
(Firm/Company)  
5342 CLARK RD.  
(Address)  
SARASOTA, FL. 34233  
(City/State and Zip Code)

For further information concerning this matter, please call:

A.L. BEST at (941) 536-8740  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate 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)

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY: 12

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ARTICLE I - Name:

The name of the Limited Liability Company is:

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TALLAHASSEE, FLORIDA

BEST BROKERAGE HOUSE, LLC.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

5010 CENTRAL SARASOTA  
SARASOTA, FL. PKWY  
34233

Mailing Address:

5342 CLARK RD  
SARASOTA, FL.  
34233

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

J.L. BEST  
Name

5342 CLARK RD PMB 103  
Florida street address (P.O. Box NOT acceptable)

SARASOTA, FL. 34233  
FL City, State, and Zip

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.

[Signature]  
Registered Agent's Signature

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLE IV – Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

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TALLAHASSEE, FLORIDA

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

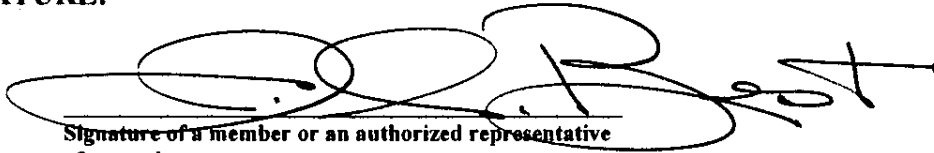
JERRY L. BEST  
J.L. BEST

JERRY L. BEST  
5010 CENTRAL SARASOTA PKWY  
SARASOTA, FL. 34233

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**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.)

J.L. BEST

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)