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(Requestor's Name)	
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, ,	
(Address)	
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,	
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T. HAMPTON

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EXAMINER

COVER LETTER

Division of Corpor				
SUBJECT: Brenny 1	950 LLC			
		d Liability Compa	ny)	
The enclosed Articles of Org	ganization and fee(s) are so	abmitted for filing	; .	
Please return all corresponde	ence concerning this matte	r to the following	:	
Charles R. B	renny			
	(1	Name of Person)		
	(Firm/Company)		
12532 Twin I	Branch Acres Ro		· -	
•		(Address)		
Tampa, Flori	da 33626-4425	•		
	(City	State and Zip Code)	
For further information conc	erning this matter, please	call:		
Charles R. Brenn	у	at (727	804-5630)
(Name of Po	erson)	(Area Code	& Daytime Tele	phone Number)
Enclosed is a check for the	e following amount:			
\$125.00 Filing Fee	\$130.00 Filing Fee & [Certificate of Status	\$155.00 Filing Certified Cop (additional copy	ру	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
R D P.	lailing Address egistration Section vivision of Corporations O. Box 6327 allahassee, FL 32314	Registration of Clifton B 2661 Exe	ourier Address on Section of Corporations uilding cutive Center Ci ee, FL 32301	irele

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	CIECIADA ENVITED EIADIETTI COMIANI
ARTICLE I - Name:	
The name of the Limited Liability Compan	ny is:
Brenny 1950 LLC.	
(Must end with the words "Limited	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the Principal Office Address:	he principal office of the Limited Liability Company is: Mailing Address:
12532 Twin Branch Acres Road	12532 Twin Branch Acres Road
Tampa, Florida 33626-4425	Tampa, Florida 33626-4425
	tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another
The name and the Florida street address of	the registered agent are:

Charles R. Brenny

Name

12532 Twin Branch Acres Road

Florida street address (P.O. Box NOT acceptable)

Tampa, Florida 33626 A25

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.

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:

Title:		Name and Address:
"MGR" = Man "MGRM" = M	ager anaging Member	•
MGRM		CRB, Inc. Pension Plan Trust
- W		12532 Twin Branch Acres Road
		Tampa, Florida 33626-4425
MGR		Charles R. Brenny
,		12532 Twin Branch Acres Road
		Tampa, Florida 33626-4425
MGR		Candace A. Brenny
		12532 Twin Branch Acres Road
		Tampa, Florida 33626-4425
LE V: Effectiv		date of filing: (OPTION
days after the		specific and cannot be more than five business d
REQUIRED S	SIGNATURE:	
REQUIRED S	SIGNATURE:	llm/hup
REQUIRED S		r or an authorized representative of a member.
REQUIRED S	Signature of a member	tion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of periury
REQUIRED S	Signature of a member (In accordance with sec of this document constitution)	tion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury erein 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)