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TITLE AGENCY OF FLORIDA

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Page 1 of 1

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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

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Account Name : ARSENAULT & REARDON  
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Phone : (727) 584-1199  
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**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**BRT FAMILY VENTURES, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

**S. HAWKES**

**MAY 04 2009**

**EXAMINER**

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H09000111180 3

**ARTICLES OF ORGANIZATION  
OF  
BRT FAMILY VENTURES, LLC  
a Florida Limited Liability Company**

**ARTICLE I  
NAME**

The Name of this Limited Liability Company is **BRT FAMILY VENTURES, LLC**, (the "Company").

**ARTICLE II  
ADDRESS**

The mailing address and the street address of the principal office is 308 Harbor View Lane, Belleair Bluffs, FL 33770.

**ARTICLE III  
DURATION**

The Company's existence shall commence upon the acceptance of the Articles of Organization by the Secretary of State of Florida and shall continue in existence in perpetuity from such commencement date, unless sooner terminated, liquidated, or dissolved by law or by the unanimous consent of the Members.

**ARTICLE IV  
MANAGEMENT**

The Limited Liability Company is to be managed by its managers and the name and address of such manager(s) or managing member(s) is/are:

**WILLIAM G. BUCKLES/Manager  
308 Harbor View Lane  
Belleair Bluffs, FL 33770**

**ARTICLE V  
MEMBERS RIGHTS TO CONTINUE BUSINESS**

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H09000111180 3

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The death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall not terminate the company, and the business of the company shall be continued, so long as there is at least one remaining member.

Authorized Representative of  
**BRT FAMILY VENTURES, LLC**

By: 

Kenneth G. Arsenault, Jr.

STATE OF FLORIDA )  
COUNTY OF PINELLAS)

The foregoing instrument was acknowledged before me this 30th day of April, 2009, by Kenneth G. Arsenault, Jr., the Authorized Representative of BRT FAMILY VENTURES, LLC, who is personally known to me.

  
Notary Public

My Commission Expires:



[SEAL]

## ACCEPTANCE OF REGISTERED AGENT

Pursuant to the provisions of Section 608.415 or 608.507, Florida Statutes, the undersigned Limited Liability Company submits the following statement to designate a Registered Office and Registered Agent in the State of Florida:

The name of the Limited Liability Company is: **BRT FAMILY VENTURES, LLC.**

The name and Florida street address of the Registered Agent is:

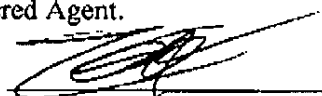
Kenneth G. Arsenault, Jr.

H09000111180 3

H09000111180 3

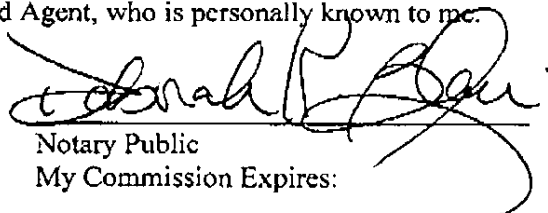
Arsenault Law Group, P.A.  
10225 Ulmerton Road, Suite 2  
Largo, Florida 33771

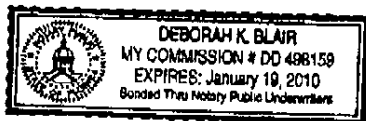
Having been named as Registered Agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

  
Kenneth G. Arsenault, Jr.

STATE OF FLORIDA )  
COUNTY OF PINELLAS)

The foregoing instrument was acknowledged before me this 30<sup>th</sup> day of April, 2009, by Kenneth G. Arsenault, Jr., the Registered Agent, who is personally known to me.

  
Notary Public  
My Commission Expires:



[SEAL]

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H09000111180 3