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09 JUL -6 PH 3: 52
SECRETARY OF STATE
ANASSEE, FLORIO

J. BRYAN

JUL -7 2009

EXAMINER



McCarthy, Lebit, Crystal & Liffman Co., L.P.A. Attorneys and Counselors at Law

101 West Prospect Avenue
Suite 1800
Cleveland, Ohio 44115-1088
Telephone 216.696.1422
Facsimile 216.696.1210
www.mccarthylebit.com

Karen A. Domke Legal Assistant Writer's Ext. 243 kad@mccarthylebit.com

June 23, 2009

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

Re: BRW Family Trust, LLC

Dear Sir/Madam:

Enclosed please find two (2) copies of the Articles of Organization for the above-referenced limited liability company, along with a check in the amount of \$125.00 for the filing fee. Please record these documents as soon as possible and forward the Certificate of Filing to our office.

Thank you for your assistance.

Donda

Very truly yours,

Karén A. Domke Legal Assistant

Enclosures

COVER LETTER

TO: Registration Division of O	Section Corporations			
	•			7 S
SUBJECT:	BRW	/ Family Trust, LL	.C	GREE L
-11110	Name of Limi	ted Liability Company		L-6 PK
				m esse
The enclosed Articles	of Organization and fee(s) are	submitted for filing.		PH 3: 52
Dloogo wotum all game		4		F ST
i lease return an come	spondence concerning this ma	tter to the following:		100 N
	Stenhar	nie M. Glavinos, Esq	1	Ta
 	Otophai	Name of Person	<u> </u>	
		.,	,	
	McCarthy, Lebit, C	Crystal, and Liffman,	Co., L.P.A.	
		Firm/Company		
				•
	101 W. Pros	spect Avenue, Ste. 1	1800	
		Address		
	Claye	oland Ohio 44115		
	·· ···	eland, Ohio 44115 ty/State and Zip Code		
		•		
	E-mail address: (to be used	Omccarthylebit.com for future annual report notifi	ication)	
		•		
For further informatio	n concerning this matter, pleas	se call:		
Otamba -	ata M. Olastica	040		
	nie M. Glavinos e of Person	at (216)	696-1422 time Telephone Number	
Nam	e of reison	Area Code & Day	time Telephone Number	
England is a short	Co., 41- C-11			
Enclosed is a check	for the following amount:			
\$125.00 Filing Fee	✓ \$130.00 Filing Fee &	\$155.00 Filing Fee		
	Certificate of Status	Certified Copy	Certificate of	
		(additional copy is encl	osed) Certified Cop (additional copy	
			(additional copy	is circlosed)
	Mailing Address	Street/Courier A	Address	
	Registration Section	Registration Sect		
	Division of Corporations	Division of Corp	oorations	
	P.O. Box 6327	Clifton Building		
	Tallahassee, FL 32314	2661 Executive Tallahassee, FL		
		ramanassee, I'L	J2J0;	

JUN 2 6 2008

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY SECRETARY OF STATE

ARTICLE I - Name: The name of the Limited Liabilit	y Company is:		OS JUL-
DD:	M Family Truct II C		55% 6
	W Family Trust, LLC ords "Limited Liability Company,"	HIC "or "IIC"	
(whist end with the we	ids Limited Liability Company,	L.L.C., Of LLC.)	
ARTICLE II - Address:			S. 1.
The mailing address and street ad	Idraes of the principal offic	a of the Limited Lighilit	y Companyie.
The maning address and street ad	suress of the principal offic	e of the Elimited Elaomi	y Company is.
Principal Office Address:	Mailing A	Address:	
9736 Commerce Center Cour	<u> </u>		
Fort Myers, Florida 33908		same	
ARTICLE III - Registered Age (The Limited Liability Company cannot set business entity with an active Florida regis The name and the Florida street	ve as its own Registered Agent. Yo stration.)	u must designate an individual o	n ature: r another
	Wesley C. Brewer, Jr.		
	Name	 ,	
		,	
973	36 Commerce Center Co	urt	
Florida s	reet address (P.O. Box NOT ac	ceptable)	
For	:Myers _{FL} ર	3908	
	City, State, and Zip	<u> </u>	
	-		

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 (NEQUIRED)

Wesley C. Brewer, Jr.

(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:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	Eg
Wesley C. Brewer, Jr., MGF	9736 Commerce Center Court
	Fort Myers, Florida 33908
	m
Betsy Seegott, MGR	P.O. Box 267
	Chagrin Falls, Ohio 44022
	Onegnin ans, One Trock
Russell M. Brewer	ole Chem Solutions
Tradadit M. Brower	c/o Chem Solutions 6425 White Oak Dr
	Cumming, Georgia 30040
(Use attachment if necessary)	
LEV: Effective date, if other than the	date of filing: (OPTIONAL
ffective date is listed, the date must b	e specific and cannot be more than five business days
days after the date of filing.)	
REQUIRED SIGNATARE:	21/2
The state of the s	
Signature of a member	er or an authorized representative of a member.
(In accordance with se	ction 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury
(In accordance with se of this document cons that the facts stated he	ction 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury rein are true.) Chanie M. Glavinos, Esq.
(In accordance with se of this document cons that the facts stated he	ction 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury rein 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)