

L090000078942

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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07/22/09--01010--020 **130.00

Effective Date **8/1/09**

09 JUL 22 AM 1:37
SECRETARY OF STATE
DIVISION OF CORPORATIONS

W09-33717

AUG 17 2009

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Brokess Enterprises, 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:

Kim Charnley Dunn

Name of Person

Brokess Enterprises, LLC

Firm/Company

PO Box 5776

Address

Clearwater, FL 33758-5776

City/State and Zip Code

brokesspikey@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kim Charnley Dunn

Name of Person

at (352)

222-4138

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)

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 Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

09 AUG -4 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

July 23, 2009

KIM CHARNLEY DUNN
P O BOX 5776
CLEARWATER, FL 33758-5776

SUBJECT: BROKESS ENTERPRISES, LLC
Ref. Number: W09000033717

We have received your document for BROKESS ENTERPRISES, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

A post office box is not an acceptable address for the registered agent.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 909A00025361



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 5, 2009

KIM CHARNLEY DUNN
P O BOX 5776
CLEARWATER, FL 33758-5776

SUBJECT: BROKESS ENTERPRISES, LLC
Ref. Number: W09000033717

We have received your document for BROKESS ENTERPRISES, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

A post office box is not an acceptable address for the registered agent.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 109A00026729

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Brokess Enterprises, 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 of the Limited Liability Company is:

Principal Office Address:

1625 Picardy Circle
Clearwater, FL 34655

Mailing Address:

PO Box 5776
Clearwater, FL 33758-5776

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Kim Charnley Dunn

Name

1625 Picardy Circle

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

Clearwater, FL 34655 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..

Kim Charnley Dunn

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 JUL 22 AM 1:37

Effective Date 8/1/09

ARTICLE IV- Manager(s) or Managing Member(s):

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Stephen M. Alley

PO Box 5776

Clearwater, FL 33758-5776

MGRM

Kim Charnley Dunn

PO Box 5776

Clearwater, FL 33758-5776

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 8/1/2009 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

Stephen M. Alley

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)