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SECRETARY OF STATE ALLAHASSEE, FLORIDA

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: Bryant F	Repairs, LLC	
		ed Liability Company
The enclosed Articles of	f Organization and fee(s) are	submitted for filing.
Please return all corresp	oondence concerning this mat	ter to the following:
Mitch Bryant		
· · · · ·		Name of Person
Bryant Repai	rs, LLC	
		Firm/Company
11034 Martin	Drive	
		Address
Leesburg, FL		
	Cit	y/State and Zip Code
	E-mail address: (to be used	for future annual report notification)
For further information	concerning this matter, please	e call:
Mitch Bryant		at (770)875-7573
Name of Person		Area Code & Daytime Telephone Number
Enclosed is a check for	or the following amount:	
□\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	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

Mitch Bryant 11034 Martin Drive Leesburg, FL 34788

March 17, 2010

Registration Section Division of Corporations PO Box 6327 Tallahassee, FL 32314

Re: Bryant, LLC

I have misplaced my paper returned to me by your office on the filing of Bryant, LLC where you have denied my application for an LLC due to the name availability. The document number was W10000005010.

I am resubmitting a new LLC Article of Organization in hopes you will process. You have my fee of \$125 already. If there is anything else you need to process this please let me know.

Thank you in advance.

MW By. +

Sincerely,

Mitch Bryant

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIARILITY COMPANY

ARTICLE I - No.	ame: Limited Liability Co	ompany is:
Bryant Repairs	s, LLC	
(1	Must end with the words "	Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - A	Address:	
The mailing addr	ess and street addre	ss of the principal office of the Limited Liability Company is
Principal Office	Address:	Mailing Address:
11034 Martin Drive		Same
Leesburg, FL 34788		
(The Limited Liability business entity with a	Company cannot serve as n active Florida registration Florida Street addr	Registered Office, & Registered Agent's Signature: its own Registered Agent. You must designate an individual or another n.) ess of the registered agent are:
	Mitch Bryant	Name
	11034 Martin D	
	Flor	da street address (P.O. Box NOT acceptable)
	Leesburg	FL 34788
		City, State, and Zip
liability comp	oany at the place des	ent and to accept service of process for the above stated limite gnated in this certificate, I hereby accept the appointment as his capacity. I further agree to comply with the provisions of a

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..

Mital By t

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: "MGR" = Manager	Name and Address:
"MGRM" = Managing Mem	ber
MGR	Mitch Bryant
	11034 Martin Drive
	Leesburg, FL 34788
MGRM	Alfred Keith Greenaway
	11034 Martin Drive
	Leesburg, FL 34788
(Use attachment if necessary	·)
CLE V: Effective date, if other	than the date of filing: Upon Receipt (OPTIONAL
	e must be specific and cannot be more than five business days
0 days after the date of filing.)
REQUIRED SIGNATURE	·
REQUIRED STOTATIONS	•

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.)

Mitch Pryant

Typed or printed name of signed

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)

10 HAR 23 AM II: 35
SECRETARY OF STATE