L10000058811

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

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500181467585

06/01/10--01053--020 **130.00

Effective Date 05/28/10

10 JUN - 1 AM 19:50

SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON

JUN - 2 2010

EXAMINER

COVER LETTER

TO:

TO:	Registration S Division of Co							
SUBJI	ECT: Aubre L	LC.						
Name of Limited Liability Company								
The en	closed Articles o	f Organization and fee(s) are	submitted for filing.					
Please	return all corresp	oondence concerning this mat	ter to the following:					
	W. Brent Mea	ans						
	Name of Person							
	4.							
	Firm/Company							
	1827 Baywood Drive							
			Address	···				
	Sarasota, FL	34231						
	Odrasola, i E		y/State and Zip Code					
	N/A							
		E-mail address: (to be used it	or future annual report notification)					
For fur	ther information	concerning this matter, please	e call:					
	•	to.						
	Name	of Person	_at ()Area Code & Daytime Telephone Number					
	rume	or r dison	Area code de Bayrinio Teleprione Names.					
Enclos	sed is a check fo	or the following amount:						
□\$125	.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	of Status &				
		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					

FROM : JSM

PHONE NO. : 9419262994

May. 29 2010 12:07PM P1

Effective Date 05/28/10

ARTICLE I - Name:	
The name of the Limited Liability Con	ipany is:
Aubre LLC.	
	MY TOTAL STREET
(Must end with the words "Lit	nged Liebilly Company. "L.L.C.," of "LLC.")
ARTICLE II - Address:	of the principal office of the Limited Liability Company is:
ARTICLE II - Address:	
ARTICLE II - Address: The mailing address and street address	of the principal office of the Limited Liability Company is:

business entity with an active Florida registration.)

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

J. Styles Wilson, Esq.	<u> </u>
	Name
205 S. Hoover Stree	t Suite 400
Florida str	eet address (P.O. Box NOT acceptable
Tampa, FL 33609	FL
	ity. 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" = Manager		
"MGRM" = Managir	Member	
MGR	W. Brent Means	
	1827 Baywood Drive	
^	Sarasota, FI 34231	•
MGR	Audrey Elizabeth Means	
	1827 Baywood Drive	•
	Sarasota	
		,
, ,		
(Use attachment if ne RTICLE V: Effective date, f an effective date is listed.	essary) f other than the date of filing: May 28th, 2010 e date must be specific and cannot be more than five business	NAL) days prioi
or 90 days after the date o		•
REQUIRED SIGNA	CURE:	
Sign	Both in ture of a member or an authorized representative of a member.	
(In a of the	cordance with section 608.408(3), Florida Statutes, the execution document constitutes an affirmation under the penalties of perjury ne facts stated herein are true.)	0
W	Brent Means	<u></u> ≥
	Typed or printed name of signee	SION SION

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 JUN - | AM (8) 50