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## **COVER LETTER**

TO:

**Registration Section** 

Division of C	orporations					
suвјест: paul b	rady I I C					
SUBJECT. Pag. 5	Name of Limit	ed Liability Com	pany			
The enclosed Articles	of Organization and fee(s) are	submitted for fili	ng.			
Please return all corres	pondence concerning this mat	ter to the followir	ıg:			
paul brady						
		Name of Person				
paul brady l	LC , e					
,		Firm/Company				
3929 west u	niversity avenue				<b>7</b> 22	
		Address				بسريده
gainesville f	orida 32607				20 JUN 2	
	Cit	y/State and Zip Cod	ie		N.	[
pbdivertito@		C			P. P.	(T)
For further information	E-mail address: (to be used concerning this matter, please		ort notificatio	on)	2: 52	
paul brady		at ( 352	<sub>)</sub> 871-55	522		
Name	of Person	Area Coo	le & Daytime	Telephone Numb	per	
Enclosed is a check f	or the following amount:					
☑\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Fili Certified Co (additional co)	ору	) Certified	ate of Status &	ĸ *
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registra Division Clifton 2661 Ex	Courier Addra tion Section of Corporat Building secutive Cent ssee, FL 3230	tions ter Circle		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

and basis de LLO	·	
paul brady LLC (Must end with the words "Limi	ted Liability Company, "L.L.C.," or "LLC.")	
	ted Entomy Company, E.E.C., or EEC.	
ARTICLE II - Address: The mailing address and street address o	of the principal office of the Limited Liability Con	npany is:
Principal Office Address:	Mailing Address:	
5ame	3929 west university avenue	
•	gainesville fl 32607	
	gantesvine ii 32507	
(The Limited Liability Company cannot serve as its or business entity with an active Florida registration.)  The name and the Florida street address paul brady  3929 west unive	ristered Office, & Registered Agent's Signature wn Registered Agent. You must designate an individual or another of the registered agent are:	

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

Title:		Name and Address:	1
"MGR" = Manage	r		ESTERNAL TO THE PROPERTY OF TH
"MGRM" = Manag	ging Member		55 r 4
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(Use attachment if	necessary)	,	
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