

L10 000068412

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

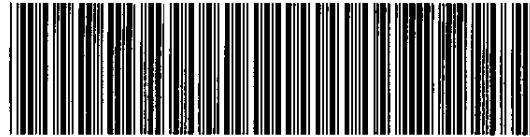
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200182446552

06/25/10--01015--016 \*\*125.00

FILED  
2010 JUN 25 AM 11:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. CLINE

JUN 28 2010

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CURMUDGEON 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:

Carl E Brautigam  
Name of Person

CURMUDGEON LLC  
Firm/Company

100 Pinewinds Blvd  
Address

Oldsmar, FL 34677  
City/State and Zip Code

ed@CURMUDGEONonline.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carl E Brautigam at (813) 340-4442  
Name of Person 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

2018 JUN 25 AM 11:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Curmudgeon 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:**

100 Pnewinds Blvd  
Oldsmar, FL 34677

**Mailing Address:**

100 Pnewinds Blvd  
Oldsmar, FL 34677

**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:

Carl E Brantigan

Name

100 Pnewinds Blvd

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

Oldsmar, FL 34677

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.*

Carl E Brantigan

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

2010 JUN 25 AM 11:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**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

Carl E Brautigam

100 Pinewoods Blvd

Oldsmar, FL 34677

MGRM

Max Morris

11878 Elk Head Range Rd

Lilleton, CO 80127-3704

(Use attachment if necessary)

**ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (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.)

2019 JUN 25 AM 12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**REQUIRED SIGNATURE:**

Carl E Brautigam

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.)

Carl E Brautigam

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)**