L10000110386

(Requestor's Name)
(Address)
(1881855)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
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J. SAULSBERRY EXAMINER OCT 22 2010

COVER LETTER

Division of Cor					
SUBJECT: Florida B	rands, LLC	۹.			
***************************************		Liability Company			
The enclosed Articles of	Organization and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter t	to the following:			
David Owens					
	Na	ime of Person			
Owens Strate	gy Group, Inc.				
	Fi	rm/Company			
3655 Bonita	Beach Road, Suite 1		Ž g	201	
		Address	CAH AH	90	-
Bonita Springs	: FI 34134		A	20 00 00 2	
Bornta Opringe		ate and Zip Code	mo		
dowens@owe	ensstrategy.com		F.S.		1
	E-mail address: (to be used for f	uture annual report notification)		٠;٠ - ښ <u>-</u> -	سيسا
For further information c	oncerning this matter, please ca	11:		35	
David Owens		390-2140			
Name o	f Person	Area Code & Daytime Telep	phone 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 Certificate of St Certified Copy (additional copy is	tatus &	
J	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 C			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Florida Brands, LLC (Must end with the words "Limited L	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:	1 60	133. G
The mailing address and street address of th	e principal office of the Limited Lia	ibility Company is:
Principal Office Address:	Mailing Address:	
3655 Bonita Beach Road, Suite 1 Bonita Springs, FL 34134	3655 Bonita Beach Road, S Bonita Springs, FL 34134	Suite 1
ARTICLE III - Registered Agent, Registered Liability Company cannot serve as its own Results business entity with an active Florida registration.) The name and the Florida street address of table David Owens	Registered Agent. You must designate an individual he registered agent are:	FILE MARY OF S AHASSEE, FI
	anic	2: 35 NATE: 35
3655 Bonita Beach Ro		⇒
Florida stree	t address (P.O. Box <u>NOT</u> acceptable)	
Bonita Springs	_{FL} 34134	
City	y, 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.

Régistered Agent's Signature (REQUIRED)

(CONTINUED)

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

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

MGRM	Eric Eberhardt 7049 Mill Run Circle Naples, FL 34109
MGRM	David Owens 241 Bayfront Drive Bonita Springs, FL 34134
	TALLAHA
	SSEE FL
(Use attachment if necessary)	TATE ORIDA

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

David Owens

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)