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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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10/18/10--01035  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
FILED  
OCT 26 AM 11:27  
\*\*160.00

T. CLINE

OCT 27 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 19, 2010

VECHEAMONY LIM L.L.C.  
612 CASCADING CREEK LN  
WINTER GARDEN, FL 34787

SUBJECT: BRAINSTER L.L.C.  
Ref. Number: W10000049066

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TALLAHASSEE, FLORIDA

We have received your document for BRAINSTER L.L.C. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on October 18, 2010. Please amend your document accordingly.

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

An individual must sign on behalf of the business entity you have designated as the registered agent and member.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline  
Regulatory Specialist II

Letter Number: 210A00024692

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BRAINSTER  
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:

Andrita King-Fenn L.L.C.  
Name of Person  
612 cascading creek LN  
Firm/Company  
Address  
Winter garden FL 34787  
City/State and Zip Code

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TALLAHASSEE, FLORIDA

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E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andrita King-Fenn at ( 321 ) 460-4897  
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)

Paid

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

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Brainster L.L.C.

(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:

825 N. Pine Hills Rd  
Orlando FL 32808

### Mailing Address:

PO Box 783531  
Winter garden FL 32787

## 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:

Andrita King - FENN L.L.C.  
Name

612 Cascading Creek LN  
Florida street address (P.O. Box NOT acceptable)  
Winter garden FL 34787  
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..*

Andrita King - Fenn  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**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:**

MGR

Andrita King - FENN L.L.C

612 cascading creek LN

Winter garden FL 34787

MGRM

Rosemary James

335 Lemon St.

Eatonville, FL 32751

MGR

Vecheamony Lim

L.L.C

552 cascading creek LN.

Winter garden FL 34787

MGRM

Tim Lewis

1501 Clark Ave

Apopka FL 32703

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: NOV 4, 2010 (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.)

**REQUIRED SIGNATURE:**

Andrita King - Fenn

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.)

Andrita King - FENN

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)**

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