## L10000127708

(Requestor's Name)	
(Address)	
(Additional)	
(Address)	_
•	
(City/State/Zip/Phone #)	—
(Only Carlos Lips Hollow)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	$\neg$
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Office Use Only



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EXAMINER

## **COVER LETTER**

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**Registration Section** 

· · TO:

Division of Corporations						
SUBJECT: Brewer Real	ty Service	es L.L.C.			٠	
SUBJECT:		ed Liability Company	· · · · · · · · · · · · · · · · · · ·			
The enclosed Articles of Organization	on and fee(s) are	submitted for filing.				
Please return all correspondence con	cerning this matt	ter to the following:				
William Ross Br	ewer					
**************************************	<u> </u>	Name of Person			—	
		Firm/Company		<del></del>		
		1 mm company				
405 Sycamore St	t.					
		Address			<del></del>	
Celebration, Florida	a 34747					
City/State and Zip Code				F (5)	720	
wrossbrewer@yahoo	o.com			F 公	2010 DEC 13	
E-mail ad	dress: (to be used t	for future annual report notificati	on)	23	75	A Sales
For further information concerning this matter, please call:				SE 22	ယ်	
Deec Decues		000		71 CD	X	F-1
Ross Brewer		_at (803 300-14		10-1	•••	£
Name of Person		Area Code & Daytime	: Telephone Number	<b>6</b>	03	
Enclosed is a check for the follow	ving amount:			•		
\$125.00 Filing Fee \$130.00 F	Filing Fee & ate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed	\$160.00 Fi Certificate Certified C (additional co	of Status Copy	s &	
Division of P.O. Box	on Section of Corporations	Street/Courier Add Registration Section Division of Corpora Clifton Building 2661 Executive Cer	ations			

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company	•	
Brewer Realty Services 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	ne principal office of the Limited Liability Company is	::
Principal Office Address:	Mailing Address:	
405 Sycamore St. Celebration, Florida 34747	405 Sycamore St. Celebration, Florida 34747	
	the registered agent are:	Action of the second
William Ross Brewe	er ng ng ng	į. j
N	lame to the state of the state	* **
405 Sycamore	St.	
Florida stree	et address (P.O. Box <u>NOT</u> acceptable)	
Celebration,	<sub>FL</sub> 34747	
,		
	ty, State, and Zip	

egistered 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)

## The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGR William Ross Brewer 405 Sycamore St. Celebration, Florida 34747 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: January 1, 2011 . (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:** 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.) William Ross Brewer Typed or printed name of signee Filing Fees:

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

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)