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(Requestor's Name)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Business Emily Hame)				
(Document Number)				
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T. HAMPTON JAN 19 2011 EXAMINER

## **COVER LETTER**

	TO: Registration Section Division of Corporations			
SUBJECT: Brywich	ks Panhandi	4 Sentrad		
		ed Liability Company	·	
The enclosed Articles of Org	anization and fee(s) are s	submitted for filing.		
Please return all corresponde	nce concerning this matte	er to the following:		
James D. Barwich Jr. Name of Person				
		Nume of Ferson		
		Finn/Company		
P.O. Box 367 Carrabelle Fl. 32322				
Address				
City/State and Zip Code				
	-mail address: (to be used for	or future annual report notification)		
For further information conc	erning this matter, please	e call:	•	
Denise T. B. Name of Pe	ncwill rison	at ( <u>850</u> ) <u>251–37</u> Arca Code & Daytime Telep	76/ Phone Number	
Enclosed is a check for the	e following amount:			
\$125.00 Filing Fee \$1	30.00 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)	
R D P	lailing Address egistration Section ivision of Corporations O. Box 6327 allahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	ircle	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
o the island charge company is	
Branick's Panhandle S	ation LLC
(Must end with the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	•
The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
21 Or How GB	PD Box 367
Lanark Fl. 32322	Carrabelle Fl. 32322
ARTICLE III - Registered Agent, Registered	
(The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	tered Agent. You must designate an individual or another
The name and the Florida street address of the	registered agent are:
Lemiso to	Someth X James & Barucok M.
Name	June June
2606 HWY	98 Lanark F1.32322
	dress (P.O. Box <u>NOT</u> acceptable)
	FL.
City, St	ate, and Zip
Having have named as registered agent and to	accent service of process for the above stated limited

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)

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SECRETARY OF STATE
AHASSEE, FLORIDA

## The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) . (OPTIONAL) **ARTICLE V:** Effective date, if other than the date of filing: (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.)

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

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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Typed or printed name of signee