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SECRETARY OF STATE DIVISION OF CORPORATIONS

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CANDING!

## **COVER LETTER**

TO:	Registration Section Division of Corporations				
SUBJE	CT: Brandon Stidham, 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:					
	Nolana Morris				
	Name of Person				
	Legissea Distribution STVCS.				
	16057 Tampa Palms Blud #398				
_	Address				
	Tampa FL 33647				
City/State and Zip Code					
nolana@leaasea.biz					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
No	Name of Person at 813, 316-7639  Area Code & Daytime Telephone Number				
	Maine of Person Area Code & Daytine Telephone Mained				
Enclosed	d is a check for the following amount:				
<b>∑\$125.00</b> E	Filing Fee \$\bigcup \\$130.00 \text{ Filing Fee & S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \$160.00 \text{ Filing Fee, 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				

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MER	Brandon Strol 1300 Fugle Bla 10178 o'Lales, F	han C34639
(Use attachment if necessary)		
ATICLE V: Effective date, if other than the can effective date is listed, the date must be or 90 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member	specific and cannot be more than five by or an authorized representative of a member.	usiness days prior
(In accordance with section 608.6 constitutes an affirmation under I am aware that any false information under the section formation under the section of th	408(3), Florida Statutes, the execution of this doct the penalties of perjury that the facts stated herein ation submitted in a document to the Department as provided for in s.817.155, F.S.)	are true.
Type Filling Fees:	ed or printed name of signee	SECR DIVISION
\$125.00 Filing Fee for Articles of Organ of Registered Agent	ization and Designation	FILED ON OF CORP ON -4 PM
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)		POR SI