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(Requestor's Name)

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(City/State/Zip/Phone #)

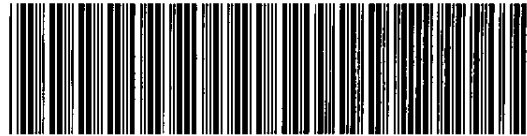☐ PICK-UP   ☐ WAIT   ☐ MAIL

_____
(Business Entity Name)

_____
(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2011 OCT 17 AM 11:04
FILED

T. HAMPTON

OCT 18 2011

EXAMINER

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: ___THE BRAIDER 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:

___Marena Watson___
Name of Person

_____
Firm/Company

___2547 Bedford Mews Dr___
Address

___Wellington, FL, 33414___
City/State and Zip Code

___marena_watson@hotmail.com___
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

___Marena Watson___ at (_561_) _801 3660_
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) [X] $160.00 Filing Fee, Certificate of Status & 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

Effective Date 01/01/12

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

THE BRAIDER LLC

(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:

2547 BEDFORD MEWS DR
WELLINGTON
FL 33414.

Mailing Address:

2547 BEDFORD MEWS DR
WELLINGTON
FL 33414.

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:

MARENA WATSON
Name

2547 BEDFORD MEWS DR
Florida street address (P.O. Box **NOT** acceptable)

WELLINGTON FL 33414.
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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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

Marena Watson
2547 Bedford Mews Dr
Wellington FL 33414.

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _1.1.2012_ . (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]

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.)

MARENA WATSON
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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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