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SEUREDARY OF STATE TALL AHASSEE, ELORIO

T. HAMPTON

NOV - 7 2011

EXAMINER

COVER LETTER

TO: Registration Division of	of Section Corporations	
SUBJECT: BR Se	elling, LLC	
	Name of Limited	l Liability Company
The enclosed Articles	s of Organization and fee(s) are so	ubmitted for filing.
Please return all corre	espondence concerning this matte	r to the following:
Paul A. Ba	umann	
	1	Name of Person
BR Selling	, LLC	
		Firm/Company
405 North	Reo Street, Suite 270	
		Address
Tampa, FL	33609	
	·	State and Zip Code
sfullmer@b	paumannmoreau.com	r future annual report notification)
For further information	on concerning this matter, please	
Paul A. Bauman	n .	at (813) 830-6530
	ne of Person	Area Code & Daytime Telephone Number
Enclosed is a check	for the following amount:	
	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) \$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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
BR Selling, LLC		
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Cor	npany is:
Principal Office Address:	Mailing Address:	
405 North Reo Street Suite 270	405 North Reo Street Suite 270	
Tampa, FL 33609	Tampa, FL 33609	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.) The name and the Florida street address of the re-	ered Agent. You must designate an individual or anothe	
Paul A. Baumann		
Name		
405 North Reo Street, Sui	te 270	
Florida street add	ress (P.O. Box <u>NOT</u> acceptable)	
Tampa,	_{FL} 33609	
City, Sta	te, and Zip	
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as regis	his certificate, I hereby accept the appointm o. I further agree to comply with the provis rformance of my duties, and I am familiar v	nent as ions of all vith and
Registered Agent's Signati	ure (REQUIRED)	- T}
(CONTIN		ILE D
Page 1 of 2	OF S	0

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

The name and address of each Manager or Managing Member is as follows:

"MGR" = Manager "MGRM" = Managing Member	
MGRM	John P. Baumann, Jr. Family Trust
	405 North Reo Street, Suite 270
	Tampa, FL 33609
MGR	Paul A. Baumann
	405 North Reo Street, Suite 270
	Tampa, FL 33609
(Use attachment if necessary)	
LE V: Effective date, if other than fective date is listed, the date must days after the date of filing.)	the date of filing: (OPTION st be specific and cannot be more than five business da

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.)

Paul A. Baumann

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)

ECHETARY OF STATE

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